



LICENSING COMMITTEE REPORT PHARMACY TECHNICIAN SUMMIT

Stan Weisser, Licensee Member, Chairperson
Debbie Veale, Licensee Member, Vice Chairperson
Lavanza Butler, Licensee Member
Ricardo Sanchez, Public Member
Albert Wong, Licensee Member

1. Call to Order and Establish of Quorum

2. Public Comment for Items Not on the Agenda, Matters for Future Meetings

Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. [Government Code Sections 11125 and 11125.7(a)]

3. Overview of Pharmacy Technician Application and Renewal Requirements for Licensure

Relevant Law

Business and Professions Code Section 4202 provides the general pathways to licensure as a pharmacy technician. In addition, California Code of Regulations (CCR) section 1793.5 further details the application requirements.

Background

The requirements for licensure as a pharmacy technician are fairly minimal and include:

- Application and Fee
- Fingerprint background check
- Query from the National Practitioner Data Bank
- Description on Qualifications and Supporting Documents

Acceptable Qualifications include any of the following:

- Completion of a technician training program
- Certification from a specified program (currently either PTCB or ExCPT)
- Associate degree in pharmacy technology

The only requirement for renewal is currently a fee.

Pending Changes

The board currently has a regulation pending to update the renewal requirements to also include self-reporting of criminal and disciplinary information. The board adopted this regulation and it is currently undergoing review by the DCA.

Further, the board is also in the process of updating the application form via regulation to update reference to certification programs as well as to modify Title 16 CCR section 1793.6 to strengthen the requirements of some pharmacy technician programs.

Attachment 1 includes a copy of the relevant laws as well as the regulatory language currently in various stages of promulgation.

4. Overview, Discussion and Consideration of Possible Changes to Duties Performed by a Pharmacy Technician in the Traditional Community Pharmacy Setting, Mail Order and Closed Door Pharmacies

Relevant Law

Business and Professions Code (BPC) section 4038 provides the definition of a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties. Business and Professions Code section 4115 specifies that a pharmacy technician may perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist. Further, Title 16 California Code of Regulations section 1793.2 specifies specific duties that may be performed by a pharmacy technician, as listed below.

Attachment 2 contains the various statutory and regulatory references related to pharmacy technician's duties:

- Removing the drug or drugs from stock
- Counting, pouring, or mixing pharmaceuticals
- Placing the product into a container
- Affixing the label or labels to the container
- Packaging and repackaging

These duties have remained essential unchanged since 2002.

Prior Committee Discussion

During its June 2016 meeting, the committee heard that tasks performed by pharmacy technicians vary nationwide. For example, in Alabama pharmacy technicians may not handle controlled substances. Whereas in Utah, in addition to duties consistent with pharmacy technician duties in California, pharmacy technicians may also counsel for OTC drugs and dietary supplements under the direct supervision of a pharmacist as well as accept new prescription drug orders left on a voice-mail for pharmacist review. In Alaska, if a pharmacy technician will assist in the preparation of sterile pharmaceuticals, the technician must have completed a minimum of 40 hours of on-the-job training in the

preparation, sterilization, aseptic technique, and admixture of parenteral and other sterile pharmaceuticals before the pharmacy technician may regularly perform the tasks.

During this Meeting

It is recommended that the committee focus discussion in the various settings where pharmacy technicians may be focused on different types of responsibilities to support pharmacist. It is anticipated that attendees will offer suggestions for changes in their respective areas of pharmacy for the committee to consider as part of its discussion.

5. Overview, Discussion and Consideration of Current Duties Performed by a Pharmacy Technician in an Inpatient Setting and Possible Changes to Such Duties

During this Meeting

In the inpatient setting, pharmacy technicians may be more focused on performing compounding duties and possibly also performing “tech check tech” roles. Although there has been some expansion in the duties a pharmacy technician may have in such a setting, it is appropriate to consider if such duties are still appropriate as well as if there are opportunities for changes. It is anticipated that attendees will offer suggestions for changes in their respective areas of pharmacy for the committee to consider as part of its discussion.

Attachment 3 includes the “tech check tech” provisions.

6. Overview, Discussion and Consideration of Current Duties Performed by a Pharmacy Technician in Other Specialty Pharmacy Setting and Possible Changes to Such Duties

During this Meeting

Similar to the inpatient setting, pharmacy technicians may be more focused on specific tasks in a specialty pharmacy. It is anticipated that attendees will offer suggestions for changes in their respective areas of pharmacy for the committee to consider as part of its discussion. It may be appropriate to consider if duties are still appropriate as well as if there are opportunities for changes.

7. Discussion and Consideration of Possible Changes to the Pharmacy Technician Application and Renewal Requirements for Licensure Including Implementation Strategies for Identified Changes

During this meeting

After discussion on the respective areas, it is recommended that the committee return to the application and renewal requirements to determine, in light the committee discussion, if changes are recommended to the licensing and or renewal requirements.

Additional Materials

Provided in Attachment 4 is a letter received from SEIU requesting the board to evaluate current licensing requirements for pharmacy technicians as well as a New York Times article

dated July 7, 2015 entitled *Tragic Pharmacy Technician Error Sparks Pursuit of Strengthened Regulation*.

8. Future Committee Meeting Dates for 2017

June 29, 2017

September 19, 2017

Attachment 1

BUSINESS AND PROFESSIONS CODE 4202

(a) The board may issue a pharmacy technician license to an individual if he or she is a high school graduate or possesses a general educational development certificate equivalent, and meets any one of the following requirements:

- (1) Has obtained an associate's degree in pharmacy technology.
- (2) Has completed a course of training specified by the board.
- (3) Has graduated from a school of pharmacy recognized by the board.
- (4) Is certified by a pharmacy technician certifying organization offering a pharmacy technician certification program accredited by the National Commission for Certifying Agencies that is approved by the board.

(b) The board shall adopt regulations pursuant to this section for the licensure of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for licensure as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

(c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of licensure, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.

(d) The board may suspend or revoke a license issued pursuant to this section on any ground specified in Section 4301.

(e) Once an individual is licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician license shall be returned to the board within 15 days.

CCR § 1793.5. Pharmacy Technician Application.

The "Pharmacy Technician Application" (Form 17A-5 (Rev. 10/15)), incorporated by reference herein, required by this section is available from the Board of Pharmacy upon request.

(a) Each application for a pharmacy technician license shall include:

- (1) Information sufficient to identify the applicant.
- (2) A description of the applicant's qualifications and supporting documentation for those qualifications.
- (3) A criminal background check that will require submission of fingerprints in a manner specified by the board and the fee authorized in Penal Code section 11105(e).
- (4) A sealed, original Self-Query from the National Practitioner Data Bank (NPDB) dated no earlier than 60 days of the date an application is submitted to the board.

(b) The applicant shall sign the application under penalty of perjury and shall submit it to the Board of Pharmacy.

(c) The board shall notify the applicant within 30 days if an application is deficient; and what is needed to correct the deficiency. Once the application is complete, and upon completion of any investigation conducted pursuant to section 4207 of the Business and Professions Code, the board will notify the applicant within 60 days of a license decision.

(d) Before expiration of a pharmacy technician license, a pharmacy technician must renew that license by payment of the fee specified in subdivision (r) of section 4400 of the Business and Professions Code.

Note: Authority cited: Sections 163.5, 4005, 4007, 4038, 4115, 4202, 4207 and 4400, Business and Professions Code. Reference: Sections 163.5, 4005, 4007, 4038, 4115, 4202, 4207, 4402 and 4400, Business and Professions Code; and Section 11105, Penal Code.

Attachment 2

BUSINESS AND PROFESSIONS CODE - BPC

4038.

(a) "Pharmacy technician" means an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in Section 4115.

(b) A "pharmacy technician trainee" is a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education.

4115. (a) A pharmacy technician may perform packaging, manipulative, repetitive, or other ¹nondiscretionary tasks only while assisting, and while under the direct supervision and control of, a pharmacist. The pharmacist shall be responsible for the duties performed under his or her supervision by a technician.

(b) This section does not authorize the performance of any tasks specified in subdivision (a) by a pharmacy technician without a pharmacist on duty.

(c) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.

(d) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the supervision of a pharmacist. Any pharmacy that employs a pharmacy technician shall do so in conformity with the regulations adopted by the board.

(e) A person shall not act as a pharmacy technician without first being licensed by the board as a pharmacy technician.

(f) (1) A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of Corrections and Rehabilitation, and for a person receiving treatment in a facility operated by the State Department of State Hospitals, the State Department of Developmental Services, or the Department of Veterans Affairs.

(2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.

(3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of his or her professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist in charge in writing of his or her determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. An entity employing a pharmacist shall not discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.

(g) Notwithstanding subdivisions (a) and (b), the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for breaks and lunch periods pursuant to Section 512 of the Labor

¹ Nondiscretionary tasks defined at 16 CCR § 1793.2

Code and the orders of the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. This subdivision shall not be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (f).

(h) The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician supervised by that pharmacist.

(i) In a health care facility licensed under subdivision (a) of Section 1250 of the Health and Safety Code, a pharmacy technician's duties may include any of the following:

(1) Packaging emergency supplies for use in the health care facility and the hospital's emergency medical system or as authorized under Section 4119.

(2) Sealing emergency containers for use in the health care facility.

(3) Performing monthly checks of the drug supplies stored throughout the health care facility. Irregularities shall be reported within 24 hours to the pharmacist in charge and the director or chief executive officer of the health care facility in accordance with the health care facility's policies and procedures.

(Amended by Stats. 2015, Ch. 303, Sec. 5. Effective January 1, 2016.)

§ 1793.2. Duties of a Pharmacy Technician.

"Nondiscretionary tasks" as used in Business and Professions Code section 4115, include:

- (a) removing the drug or drugs from stock;
- (b) counting, pouring, or mixing pharmaceuticals;
- (c) placing the product into a container;
- (d) affixing the label or labels to the container;
- (e) packaging and repackaging.

Note: Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

CCR § 1793.7. Requirements for Pharmacies Employing Pharmacy Technicians.

(a) Except as otherwise provided in section 1793.8, any function performed by a pharmacy technician in connection with the dispensing of a prescription, including repackaging from bulk and storage of pharmaceuticals, must be verified and documented in writing by a pharmacist. Except for the preparation of prescriptions for an inpatient of a hospital and for an inmate of a correctional facility, the pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient.

(b) Pharmacy technicians must work under the direct supervision of a pharmacist and in such a relationship that the supervising pharmacist is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records.

(c) A pharmacy technician must wear identification clearly identifying him or her as a pharmacy technician.

(d) Any pharmacy employing or using a pharmacy technician shall develop a job description and written policies and procedures adequate to ensure compliance with the provisions of Article 11 of this Chapter, and shall maintain, for at least three years from the time of making, records adequate to establish compliance with these sections and written policies and procedures.

(e) A pharmacist shall be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.

(f) For the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two

pharmacy technicians on duty. Pursuant to Business and Professions Code section 4115(g)(1), this ratio shall not apply to the preparation of a prescription for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

Note: Authority cited: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code. Reference: Sections 4005, 4007, 4038, 4115 and 4202, Business and Professions Code.

Attachment 3

CCR§ 1793.8. Technicians in Hospitals with Clinical Pharmacy Programs.

(a) A general acute care hospital, as defined in Health and Safety Code 1250(a), that has an ongoing clinical pharmacy program may allow pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed and approved by a licensed pharmacist.

Only inpatient hospital pharmacies as defined in 4029(a) that maintain a clinical pharmacy services program as described in 4052.1 may have a technician checking technician program as described. The pharmacy shall have on file a description of the clinical pharmacy program prior to initiating a technician checking technician program.

(1) This section shall only apply to acute care inpatient hospital pharmacy settings.

(2) Hospital pharmacies that have a technician checking technician program shall deploy pharmacists to the inpatient care setting to provide clinical services.

(b) Compounded or repackaged products must have been previously checked by a pharmacist and then may be used by the technician to fill unit dose distribution systems, and floor and ward stock.

(c) To ensure quality patient care and reduce medication errors, programs that use pharmacy technicians to check the work of other pharmacy technicians pursuant to this section must include the following components:

(1) The overall operation of the program shall be the responsibility of the pharmacist-in-charge.

(2) The program shall be under the direct supervision of a pharmacist and the parameters for the direct supervision shall be specified in the facility's policies and procedures.

(3) The pharmacy technician who performs the checking function has received specialized and advanced training as prescribed in the policies and procedures of the facility.

(4) To ensure quality there shall be ongoing evaluation of programs that use pharmacy technicians to check the work of other pharmacy technicians.

Note: Authority cited: Sections 4005 and 4115, Business and Professions Code. Reference: Sections 4005, 4052.1 and 4115, Business and Professions Code. Authority cited: Sections 4005 and 4115, Business and Professions Code. Reference: Sections 4005, 4052.1 and 4115, Business and Professions Code.

Attachment 4

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January 24, 2017



UNITED HEALTHCARE
WORKERS WEST
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INTERNATIONAL
UNION, CLC

Dr. Amy Gutierrez
President of the Pharmacy Board,
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Dr. Gutierrez:

On behalf of Service Employees International Union United Healthcare Workers-West (SEIU-UHW) which represents more than 90,000 healthcare workers across California, including more than 2,400 Pharmacy Technicians, we ask you to examine the pre-licensure clinical hour requirements for your Pharmacy Technologist licensees.

Pharmacy Technologist are require to complete a clinical internship prior to graduating from their educational program and being permitted to sit for a licensing exam. The aim of such requirements is laudably to ensure licensees have some degree of minimum real-world competence prior to being lawfully allowed to practice. However, by definition, such requirements are also a barrier to entry into the profession and this is particularly true when the internship required is unpaid, as it almost always is. When these hours are uncompensated the requirement creates a sometimes insurmountable barrier for those from economically underprivileged backgrounds to pull themselves up by their bootstraps, obtain a license, and enjoy both the benefits of their (sometimes expensive) education and a middle-class living. To the extent that such individuals come from communities of color, unpaid internship barriers also diminish the available pool of culturally competent practitioners, something particularly important in healthcare.

The Board of Pharmacy requires that Pharmacy Technicians must graduate from a program that is accredited by the American Society of Health System Pharmacist. Accordingly that accreditation recommends that students complete a minimum of 600 hours of training over 15 weeks.

Licensure requirements should from time-to-time be reviewed to ensure they are still relevant and serve the aims for which they were imposed. This is particularly true if the requirements compel possible licensees to work hundreds of hours without compensation and when the requirements may disproportionately harm communities of color.

We ask that the board evaluate their pre-licensure internship requirements and report to the public by a date no later than July 1, 2019, the source and rationale for the requirements, whether the requirements remain necessary for the protection of the public, and any proposed modifications to the requirements.

This solution simply requires the boards, armed with their expertise, to review their current internship requirements and report to the public about where they came from, whether they remain reflective of what should be necessary prior to licensure, and that they are necessary to protect the public. The solution does not in any way seek to constrain the boards'

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discretion in this effort. The opposite is true. The proposal seeks by a date certain to have that very expertise and knowledge brought to bear on an issue of importance throughout the state.

We thank you for your time and consideration of this matter.

UNITED HEALTHCARE
WORKERS WEST
SERVICE EMPLOYEES
INTERNATIONAL
UNION, CLC

David Kieffer,

Director of Government Relations

SEIU-UHW

CC: Ms. Virginia Herold
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Tragic Pharmacy Technician Error Sparks Pursuit of Strengthened Regulations

July 07, 2015
Ryan Marotta, Assistant Editor

With pharmacy technicians taking on increasingly important [roles](#) and [responsibilities](#), there is greater potential for their errors to prove dangerous or even fatal.

Such possibility became reality for the parents of Emily Jerry, a 2-year-old girl who died in 2006 due to a preventable technician error.

Emily's father, Christopher Jerry, revealed that his daughter was diagnosed with a yolk sac tumor when she was approximately 18 months old. Although her doctors had succeeded at nearly eradicating her cancer, Emily passed away during her last scheduled chemotherapy session after receiving a dose of an improperly diluted intravenous (IV) bag prepared by a hospital pharmacy technician.

On the day the fatal error took place, the hospital pharmacy was short-staffed, the pharmacy computer was not properly working, and there was a backlog of physician orders, according to Jerry.

"No technician wants to do anything to compromise patient safety and health, as it goes against their training, compassion, and empathy," Jerry, the founder and CEO of the Emily Jerry Foundation, told *Pharmacy Times* in an exclusive interview. "But when pharmacies get overwhelmed, it can be easy to lose sight of that, so it's important for pharmacies to implement ways to minimize potentially dangerous mistakes."

After learning about the events that led to his daughter's death, Jerry resolved not to place the blame on the technician who had made the error, but instead spearhead changes to the pharmacy workflow system that allowed the mistake to occur.

"When these errors occur, I believe that we owe it to all those who are affected to honor them by learning every intricate detail about how these systems break down and these errors occur," Jerry said. "No one person is responsible for any of these errors. My daughter's error was due to multiple systems flaws that set those clinicians up to fail, and we need to go back and modify their system so that these errors do not occur again."

In examining the role technicians play within these health-systems, Jerry was surprised to learn that technicians in his home state of Ohio were not only responsible for tasks such as preparing IV bags, but were also only required to obtain a GED in order to do so.

“I was horrified to find out that anyone with a high school degree could get a job at a pharmacy and start preparing medication, with no oversight by the Ohio Board of Pharmacy,” he explained to *Pharmacy Times*. “I know that many technicians are equally disturbed by this lack of regulation, as it undermines and devalues their skills and expertise.”

Efforts from Jerry and his allies led to the 2009 signing of Ohio Senate Bill 203, or “Emily’s Law,” which requires all Ohio technicians to pass an examination approved by the state pharmacy board. In conjunction with the American Society of Health-System Pharmacists, the Emily Jerry Foundation also launched its National Pharmacy Technician Initiative and Scorecard, which grades each state on the strength of its technician requirements and regulations.

According to the foundation’s website, New York, Pennsylvania, Michigan, Wisconsin, and Hawaii each have a score of “0,” indicating that they currently have no laws in place regulating pharmacy technician standards. The Pennsylvania House of Representatives recently [passed House Bill 854](#), however, which would require all technicians to complete a training program approved by the state pharmacy board. The bill awaits a vote in the state Senate.

“We established closed partnerships with state boards to help them improve their grades, and the responses have been overwhelmingly positive,” Jerry said. “Ultimately, our goal is to get a more comprehensive version of Emily’s Law in every state.”

Although Jerry remains heartbroken by the death of his daughter, he hopes that her story will inspire pharmacists and technicians to advocate for higher regulatory standards.

“Looking back now, as Emily’s father, I believe in hindsight that my little Emily’s short life here on Earth was truly meant to save tens of thousands of lives going forward,” he told *Pharmacy Times*. “I want to get technicians around the nation to continue to rally, and to let them know that I want to be their voice. If we all unite together on a national level, we will have a much more powerful voice to elevate the profession.”