



LICENSING COMMITTEE REPORT

Stan Weisser, Licensee Member, Chairperson
Lavanza Butler, Licensee Member, Vice-Chairperson
Ryan Brooks, Public Member
Ricardo Sanchez, Public Member
Debbie Veale, Licensee Member
Albert Wong, Licensee Member
Amy Gutierrez, Board President and Acting Chairperson

1. Call to Order and Establishment of a 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. Discussion and Consideration of Licensing Requirements of an Advanced Pharmacy Technician (APT)

Attachment 1

Background/Prior Committee Discussion and Action

During its last meeting the committee discussed and voted to recommend to the board creation of an Advanced Pharmacy Technician (APT). The primary benefit in creating this new licensing category would be to allow a pharmacist to be redirected to provide more direct patient care activities, including increasing interaction with consumers.

As part of its action, the committee voted to pursue a statutory change to add Business and Professions Code (BPC) Section 4038.5 to establish a definition for an “Advanced Pharmacy Technician” as follows:

“Advanced Pharmacy Technician” means an individual licensed by the board who is authorized to perform technical pharmacy tasks as authorized in Section BPC 4115.6.

The committee also discussed the proposed requirements for APTs. The committee was provided information on the composition of relevant associate degree programs and was advised that community colleges are working on increasing programs to allow for more people to obtain their associate’s degree. The committee was advised of the importance of an individual completing general education, noting communication was vital in taking order and relating to patients.

Other members of the public expressed concerns with the general education requirement and requested that the committee consider making multiple pathways available for an APT.

After consideration and discussion, the committee also voted to pursue a statutory change to add BPC Section 4211 to establish the minimum licensing requirements for an individual seeking licensure as an APT. In general, the provisions include:

1. Hold an active pharmacy technician license; and
2. Possess certification by a pharmacy technician certifying program (e.g. PTCB or ExCPT); and
3. Has obtained a minimum of an AA degree in pharmacy technology; and
4. Has 3,000 hours of pharmacy technician experience.

OR

5. Have graduated from a school of pharmacy.

The committee also voted to pursue a statutory change to add BCP 4234 to create the renewal requirements for the APT including:

1. 20 hours of continuing education, including two hours of education in medication error prevention and two hours of board sponsored law and ethics education.
2. Maintain certification by a pharmacy technician certifying program.

For Committee Discussion

Following the committee meeting, members of the board's regulated public requested an opportunity to provide additional comments for committee consideration. It is anticipated that during this portion of the meeting committee members will hear public comments requesting additional possible pathways for licensure as an APT.

A copy of the committee approved statutory language to add BPC Sections 4038.5, 4211, and 4234 is included in **Attachment 1** along with a summary of the program requirements for an associate's degree in pharmacy technology.

4. Discussion and Consideration of the Duties an APT May Perform in a Traditional Community Pharmacy Setting

Attachment 2

Background/Prior Discussion and Action

As part of the development of the APT provisions, the committee discussed the scope of practice of an individual granted licensure. The committee discussed the duties currently authorized by law for all pharmacy technicians to perform and noted that all such nondiscretionary duties must be completed under the direct supervision and control of a pharmacist.

The committee reviewed a proposal to add BPC Section 4115.6, which would establish the scope of practice for an APT in the traditional community pharmacy setting. The committee considered various articles related to the topic including one regarding accepting verbal

prescriptions and prescription transfers as well as the outcomes of a Drake University study regarding a “Tech-Check-Tech” program in community pharmacies.

After discussion and hearing public comments, the committee voted to pursue a statutory change to add BPC Section 4115.6(a) to provide that an APT may perform following specified tasks:

1. Verify the accuracy of a typed prescription label before a pharmacist performs the final check.
2. Verify that the contents of the prescription bottle are consistent with the label as specified.
3. Accept new orders from a prescriber’s office, as specified.
4. Accept refill authorizations, as specified.
5. Transfer prescriptions.
6. Receive a transferred prescription.
7. Perform the technical task of vaccine administration.

The committee also discussed how the proposed new duties would impact pharmacy services and the conditions that must be satisfied for an APT to perform such duties. As part of its discussion, the committee discussed how the proposal would benefit consumers and requirements that a community pharmacy must fulfill to allow for the use of the APT.

After discussion and consideration, the committee voted to recommend a statutory change to add BPC Section 4115.6(b) to include that a community pharmacy using an APT must ensure:

1. ATP duties are specified in the pharmacy’s policies and procedures and are completed under the supervision of a pharmacist.
2. The PIC is responsible for the ongoing evaluation of the accuracy of the duties performed by the APT.
3. A pharmacist physically hands the patient or patient’s agent the medication and provide patient information.
4. An electronic record that identifies personnel responsible for the preparation and dispensing of the prescription is maintained.

For Committee Discussion

Following the committee meeting, members of the board’s regulated public requested an opportunity to provide additional comments for committee consideration. It is anticipated that during this portion of the meeting committee members will hear public comments requesting additional duties that an APT could perform.

A copy of the committee approved statutory language to add BPC Section 4115.6(a) & (b) included in **Attachment 2**.

5. Discussion and Consideration of the Employment of APTs in a Closed-Door Pharmacy Which Provides Pharmacy Services for Patients of Skilled Nursing and Long-Term Care Facilities

Background

During its last meeting, the committee also started its discussion on the possible role an APT could play in a closed-door pharmacy and how consumers would benefit from such changes. The committee discussed what constitutes a closed-door pharmacy and noted that in a closed-door pharmacy, there is different patient interaction. The committee discussed an example of a patient being discharged from a hospital to a skilled nursing facility, where a pharmacy is providing medications but does not provide patient consultation. The committee noted that patients might benefit from patient consultation upon discharge from a skilled nursing facility.

For Committee Discussion

After consideration of the committee's prior discussion, a proposal for the conditions under which an APT can be used in a closed-door setting was developed in concert with the committee chair. It is requested that the committee consider the following draft amendment to proposed BPC Sections 4115.6(a) and 4115.6(b) to read:

4115.6(a)...(9) Initiate post discharge contact with a patient or patient's agent for a patient recently discharged from a skilled nursing facility or long-term care facility

4115.6(b)...(5) A pharmacist must provide post-discharge follow up for a patient recently discharged from a skilled nursing facility or long-term care facility consistent with the provisions of Section 4052(a)(8).

Attachment 3 includes a copy of the full text of proposed BPC Section 4115.6 (a) & (b).

6. Discussion and Consideration of the Employment of APTs in Inpatient Hospital Pharmacies

For Committee Discussion

This will be the first opportunity for the committee to consider the role an APT could play in an inpatient hospital and the resulting benefits to consumers. As part of its discussion, the committee may wish to refer to the study findings presented at the July board meeting regarding Safe Medication Transitions.

To assist with the discussion during the meeting, board staff worked with the committee chair to develop a draft proposal that could be used as a general framework for APTs in a hospital pharmacy. In general, the draft proposal includes that an APT may perform the following technical tasks as part of a patient's discharge:

1. Provide medication guidance and referral services for post discharge.
2. Develop medication dosing schedules for discharge medications.
3. Initiate post discharge contact with a patient or patient's agent for a patient recently discharged, as specified.

In addition to authorized duties, board staff along with the committee chair also developed a suggested draft proposal that would establish the requirements for a hospital using APTs. In general, the proposal specifies that:

1. ATP duties are specified in the pharmacy's policies and procedures and completed under the supervision of a pharmacist.
2. The PIC is responsible for the ongoing evaluation of the performance of the APT.
3. A pharmacist must provide post-discharge follow-up for a patient recently discharged consistent with the provisions of Section 4052(a)(8), as specified.

A copy of the draft proposal to add BPC Section 4115.7(a) & (b) included in **Attachment 4** along with summary information on the Safe Medications Transitions provided during the July board meeting.

7. Discussion and Consideration of the Current Renewal Requirements for Pharmacy Technicians and Possible Changes Thereto

Attachment 5

Background

In prior meetings, the committee has considered the current renewal requirements for all pharmacy technicians. During its April 2017 meeting, the committee questioned if continuing education should be required as a condition of renewal. As part of its discussion, the committee contemplated if such a requirement would become a hurdle to renewal. The committee was advised by the public that given the availability of courses, many of which can be done online or at no cost, such a requirement would not be a hurdle.

For Committee Discussion

The committee will have the opportunity to continue its discussion on the consideration of inclusion of a continuing education requirement as a condition of renewal for a pharmacy technician license.

Should the committee decide such a change is appropriate, board staff can develop possible language for consideration during the board meeting.

Attachment 5 includes an excerpt from the April 2017 committee meeting regarding this issue.

8. Future Committee Meeting Dates

Provided below are Licensing Committee meeting dates through 2018:

- January 16, 2018
- April 19, 2018
- June 26, 2018
- September 26, 2018

A summary of the September committee meeting is provided as **Attachment 6**.

Attachment 1

Proposed BPC 4038.5 (Definition)

“Advanced Pharmacy Technician” means an individual licensed by the board who is authorized to perform technical pharmacy tasks as authorized in Section 4115.6. Such an individual may also perform nondiscretionary tasks as specified in Section 4115.

Proposed BCP 4211 (Licensing Requirement)

The board may issue an advanced pharmacy technician license to an individual who meets all the following requirements:

- (a) (1) Holds an active pharmacy technician license issued pursuant to this chapter that is in good standing,
- (2) Possesses a certification issued by a pharmacy technician certifying program as defined in Section 4202(a)(4).
- (3) Has obtained a minimum of an associate’s degree in pharmacy technology.
- (4) Has obtained 3,000 hours of experience performing the duties of a licensed pharmacy technician in a pharmacy.
- (b) As an alternative to the requirements in subdivision (a), has graduated from a school of pharmacy recognized by the board.
- (c) A license issued pursuant to this section shall be valid for two years.

Proposed BPC 4234 (CE/Renewal Requirement)

An advanced pharmacy technician shall complete 20 hours of continuing education each renewal cycle including a minimum of two hours of education in medication error prevention and two hours of board sponsored law and ethics education. A licensee must also maintain certification as specified in Section 4211 (a)(2).

Attachment 2

Proposed 4115.6 (Specified Duties)

- (a) In a community pharmacy, a licensed advanced pharmacy technician may perform these technical tasks:
- (1) Verify the accuracy of the typed prescription label before the final check by a pharmacist.
 - (2) Verify the accuracy of the filling of a prescription container by confirming that the medication and quantity reflected on the label ~~is~~ accurately reflects the container's contents for drug orders that previously have been reviewed and approved by a pharmacist.
 - (3) Accept new prescriptions from a prescriber's office unless the prescription requires the professional judgment of a pharmacist.
 - (4) Inquire about the intended purpose or indication for prescribed medication on verbal orders received from a prescriber's office.
 - (5) Accept refill authorizations from a prescriber's office unless the authorization requires the professional judgment of a pharmacist.
 - (6) Transfer a prescription to another pharmacy.
 - (7) Receive the transfer of a prescription from another pharmacy.
 - (8) Provide the technical task of administration of an immunization.
- (b) A community pharmacy may use the services of an advanced pharmacy technician if all the following conditions are met:
- (1) The duties authorized in subdivision (a) are performed under the supervision of a pharmacist and are specified in the pharmacy's policies and procedures.
 - (2) The pharmacist-in-charge is responsible for ongoing evaluation of the performance of personnel as authorized in subdivision (a).
 - (3) A pharmacist shall personally provide all new prescription medications and controlled substances medications directly to the patient or patient's agent, and must provide patient information consistent with the provisions of Section 4052 (a) (8).
 - (4) A record is created identifying the personnel responsible for the preparing and dispensing of the prescription medication.

Attachment 3

Business and Professions Code 4115.6 (b)(5) Draft Language

Proposed 4115.6 (Specified Duties)

- (a) In a community pharmacy, a licensed advanced pharmacy technician may perform these technical tasks:
- (1) Verify the accuracy of the typed prescription label before the final check by a pharmacist.
 - (2) Verify the accuracy of the filling of a prescription container by confirming that the medication and quantity reflected on the label ~~is~~ accurately reflects the container's contents for drug orders that previously have been reviewed and approved by a pharmacist.
 - (3) Accept new prescriptions from a prescriber's office unless the prescription requires the professional judgment of a pharmacist.
 - (4) Inquire about the intended purpose or indication for prescribed medication on verbal orders received from a prescriber's office.
 - (5) Accept refill authorizations from a prescriber's office unless the authorization requires the professional judgment of a pharmacist.
 - (6) Transfer a prescription to another pharmacy.
 - (7) Receive the transfer of a prescription from another pharmacy.
 - (8) Provide the technical task of administration of an immunization.
 - (9) Initiate post discharged contact with a patient or patient's agent for a patient recently discharged from a skilled nursing facility or long-term care facility.**
- (b) A community pharmacy may use the services of an advanced pharmacy technician if all the following conditions are met:
- (1) The duties authorized in subdivision (a) are performed under the supervision of a pharmacist and are specified in the pharmacy's policies and procedures.
 - (2) The pharmacist-in-charge is responsible for ongoing evaluation of the performance of personnel as authorized in subdivision (a).
 - (3) A pharmacist shall personally provide all new prescription medications and controlled substances medications directly to the patient or patient's agent, and must provide patient information consistent with the provisions of Section 4052 (a) (8).
 - (4) A record is created identifying the personnel responsible for the preparing and dispensing of the prescription medication.
 - (5) Initiate and provide post discharge follow up for a patient recently discharged from a skilled nursing facility or long-term care facility consistent with the provisions of Section 4052(a)(8). Such discharge follow up must be provided by a pharmacist at the request of the patient or patient's agent.**

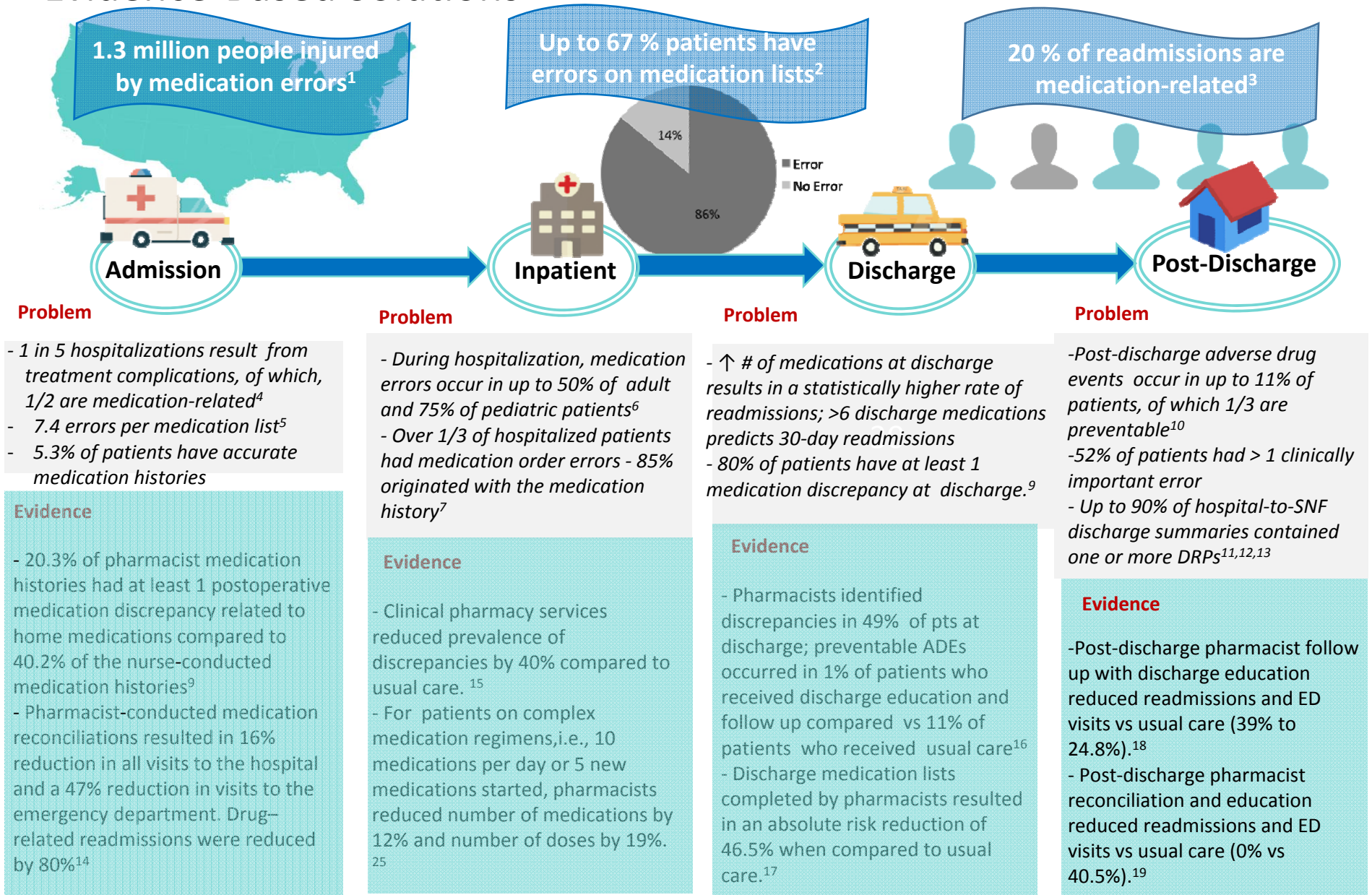
Attachment 4

Business and Profession Code 4115.7 Draft Language

Proposed 4115.7 (Specified Duties)

- (a) In a hospital pharmacy, a licensed advanced pharmacy technician may perform the following technical tasks as part of a patient's discharge:
- (1) Provide medication guidance and referral services for post discharge pharmacy services
 - (2) Develop medication dosing schedules for discharge medications
 - (3) Initiate post discharge contact with a patient or patient's agent for a patient recently discharged from a hospital who has not been discharged to another health care facility.
- (b) A hospital pharmacy may use the services of an advanced pharmacy technician if all the following conditions are met:
- (1) The duties authorized in subdivision (a) are performed under the supervision of a pharmacist and are specified in the pharmacy's policies and procedures.
 - (2) The pharmacist-in-charge is responsible for ongoing evaluation of the performance by personnel as authorized in subdivision (a).
 - (3) Initiate and provide post discharge follow up consistent with the provisions of Section 4052(a)(8). for a patient recently discharged from a hospital. Such discharge follow up must be provided by a pharmacist at the request of the patient or patient's agent to any patient not discharged from a hospital that has not been discharged to another health care facility.

Safe Medication Transitions: Evidence-Based Solutions



Safe Medication Transitions: Evidence-Based Solutions

Medication discrepancies or errors occur in up to 70% of patients at admission or discharge contributing to adverse drug events, ED visits and readmissions. Evidence supports that pharmacists and trained technicians reduce these errors and adverse outcomes.

Pharmacist

- A study comparing medication reconciliation performed by pharmacists to ED providers found that pharmacists identified 1096 home medications compared with 817 home medications identified by ED providers. 78% of medications documented by ED providers were incomplete and were supplemented with information by the pharmacists.²¹
- Patients who received pharmacist medication reconciliation and counseling had a readmission rate of 16.8% vs the usual care arm of 26% ($p=0.006$).²⁴
- In a randomized trial, pharmacists provided medication counseling, reconciliation at admission and discharge, and a follow up phone call after discharge as part of a care coordination bundle. Patients in the intervention arm had a reduction in 30 day readmissions (10% vs 38.1%, $p=0.04$) and time to first readmission or ED visit (36.2 days vs 15.7 days, $p=0.05$).²⁷
- Another study found that patients who received discharge medications and follow up phone calls by pharmacists had nearly half the risk of readmission as those who did not receive a pharmacist phone call (5.0% vs 9.5%, $p<0.05$).²⁵
- Post-discharge pharmacist follow up can reduce readmission from skilled nursing facilities by 25%.²⁰

Pharmacy Technician

- In the ED, a pre-post study found that pharmacy technicians created an accurate medication history 88% of the time compared to 57% of the time when nurses completed the history ($p<0.0001$).²² Nurses were 7.5 times as likely to make an error than pharmacy technicians ($p<0.0001$).
- Another study found that nurses created an accurate medication list only 14% of the time compared to pharmacy technicians who created an accurate list 94.4% of the time ($p<0.0001$).²³
- A randomized controlled study to evaluate the accuracy of admitting medication histories performed by pharmacists, pharmacist-supervised pharmacy technicians (PSPTs) and usual care (nurses, physicians) demonstrated a statistically significant reduction in admitting medication history errors performed by pharmacists and PSPTs vs usual care ($p<0.0001$). There was also a significant reduction in the severity of errors intercepted ($p<0.0001$).⁵

Recommendation: For high risk patients, pharmacy staff will ensure the accuracy of the medication list at admission and discharge

References-pending updates

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http://www.leapfroggroup.org/sites/default/files/Files/Medication%20Reconciliation%20Fact%20Sheet_2017.pdf accessed July 4, 2017.

Attachment 5

Excerpt from April 4, 2017 Licensing Committee Meeting Minutes

3. Overview of the Pharmacy Technician Application and Renewal Requirements for Licensure
Chairperson Weisser provided an overview of the pharmacy technician application and renewal requirements. Specifically, Mr. Weisser reminded the committee that the application requirements include the application and fee; fingerprint background check; query from the National Practitioner Data Bank; and a description of the qualifications and supporting documents. Chairperson Weisser reminded the committee that the acceptable qualifications included either completion of a technician training program, certification from a specified program (currently either PTCB or ExCPT) or an associate degree in pharmacy technology. Chairperson Weisser noted that currently only a fee is required for renewal. Chairperson Weisser reminded the committee of two pending regulations that also impact pharmacy technicians, the first regarding changes to the renewal requirement to require a pharmacy technician to self-disclose convictions or disciplinary action. Chairperson Weisser provided a general description of the second pending regulation that relates to application requirements, including updating the application form as well as increasing the requirements for specified pharmacy technician training programs.

The committee noted that one of the pathways to licensure is certification as a pharmacy technician, but under current law, there is no requirement for the certification to be maintained. Members of the committee noted that there should be some sort of mechanism where pharmacy technicians can expand their education and they questioned if continuing education (CE) should be required as a condition of renewal. The committee discussed the possibility of developing a survey to elicit feedback from pharmacy technicians on the issue of continuing education that could be used if public comment during the meeting did not address the issue.

Marian Mobley-Smith, director of strategic alliances, Pharmacy Technician Certification Board (PTCB), was invited to comment on whether states require certification as a condition of the pharmacy technician license. Dr. Mobley-Smith explained that in some states, CE requirements for pharmacy technician licensure renewal mimic PTCB certification requirements. The committee discussed maintenance of a license versus maintaining certification. Dr. Mobley-Smith explained that 20 hours of CE are required for PTCB certification every two years. She said that individual state requirements vary but added that many states align with the current PTCB requirements. Dr. Mobley-Smith estimated that 75 percent to 80 percent of PTCB members maintain their certification. When queried about the number of technicians that maintain their certification as a condition of employment versus a licensing renewal requirement, Ms. Mobley-Smith said she could check to see if PTCB has information but indicated she is aware of at least one large employer that requires maintenance of the certification as a condition of employment.

When queried about the cost impact to individuals wishing to complete continuing education, she explained that the availability of CE is vast both online and in print, including free and low-cost courses. Dr. Mobley-Smith spoke about the importance of completing continuing education that is related to functions of a pharmacy technician (referred to a "T accredited"). She noted that nationally there are a number of organizations that offer such

accredited CE, and the availability continues to grow. Dr. Mobley explained the route by which someone could seek approval of a CE course that is not otherwise accredited. The committee questioned if PTCB would consider CE as a condition of renewal a hurdle, and the committee was advised that PTCB would not consider it a hurdle given the availability of courses available many of which can be done online at low or no costs. Ms. Herold asked about employer based continuing education and was advised that the PTCB no longer accepts employer based training for purposes of fulfilling the CE requirement as it generally fails to have specified parameters in line with accreditation standards. However Dr. Mobley-Smith noted that this prohibition would not extend to an employer that partners with an accredited provider to provide the CE.

Chairman Weisser inquired about the availability of continuing education courses that may be available for pharmacy technicians that work in either a compounding pharmacy or acute care setting and was advised that there is not the same level of availability for those types of courses. Dr. Mobley-Smith noted that as states grapple with identifying expanded roles for pharmacy technicians, such changes need to be accompanied by commensurate training opportunities so technicians can take advantage of the new and expanded roles. Development of such training opportunities is needed. When queried about types of specialized courses for pharmacy technicians, the committee was advised that such could be in the area of compounding, pharmacy informatics, etc.

The committee heard from Loriann De Martini, California Society of Health-System Pharmacists (CSHP), along with Jeannie Le and Paul Sabitini, pharmacy technician leaders within CSHP. Dr. DeMartini noted that evaluation of pharmacy technician roles is long overdue, noting some of the areas where pharmacy technicians engage in health care including as part of the medication reconciliation process. She noted that there is greater interface with patient care and pharmacy technicians than in the past. The committee inquired if CSHP had comments specific to consideration of continuing education as a condition of renewal for pharmacy technicians. Dr. De Martini explained that CE is offered by CSHP during an annual seminar and noted that the seminar planning committee includes a pharmacy technician member. The committee was advised that as part of the course objectives for CE offered during the annual seminar, presenters need to ensure learning objectives are specified and met for both pharmacists and pharmacy technicians as a condition of the course accreditation. When queried about the cost of such courses, the committee was advised that four-day admittance to the meeting would be \$240 and an estimated 20 to 25 hours of CE courses are designated as technician appropriate. The speakers concurred that CE is encouraged among CSHP members and noted that individuals seem to demonstrate a level of confidence once certification is obtained because of the accomplishment of achieving the certification.

Steve Norris advised the committee that pharmacy technicians at his employer are provided access to free continuing education. When queried about how technicians are classified within his organization, the committee was advised that an entry-level pharmacy technician would be similar to a technician in a community pharmacy; a mid-level pharmacy technician would most likely be akin to a technician working in an inpatient setting working with acute patients and other health care providers; and the highest level of technicians perform some administrative work and are required to be certified as a condition of employment.

Attachment 6



**STATE BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
LICENSING COMMITTEE MEETING
MINUTES**

DATE: August 22, 2017

LOCATION: Department of Consumer Affairs
First Floor Hearing Room
1747 North Market Blvd.
Sacramento, CA 95834

COMMITTEE MEMBERS PRESENT: Stanley Weisser, Licensee Member, Chairperson
Lavanza Butler, Licensee Member, Vice-Chairperson
Ryan Brooks, Public Member
Ricardo Sanchez, Public Member
Debbie Veale, Licensee Member
Albert Wong, Licensee Member

STAFF MEMBERS PRESENT: Virginia Herold, Executive Officer
Anne Sodergren, Assistant Executive Officer
Joshua Room, Deputy Attorney General
Debi Mitchell, Staff Services Manager
Debbie Damoth, Staff Services Manager

1. Call to Order and Establishment of Quorum

Chairperson Weisser called the meeting to order at 9:00 a.m. Roll call was taken with the following members present: Ryan Brooks, Lavanza Butler, Albert Wong, Debbie Veale, and Stan Weisser. A quorum was established. Member Ricardo Sanchez joined the meeting around 9:05.

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

Danny Martinez of the California Pharmacist Association (CPhA) advised the committee of proposed regulations being considered by the California Department of Food and Agriculture (CDFA) related to licensing non-medical personnel to sell and dispense restricted livestock drugs. In 2015 Governor Brown signed SB 27 (Hill) to restrict the use of antimicrobial drugs in livestock product as there was growing concern overuse of antimicrobial drugs contributing to a resistance of antibiotic in animals being

administered the antimicrobial drugs and consumers who consumed those animals. SB 27 provides a properly trained medical personnel such as a veterinary technician or pharmacist can responsibly dispense and prescribe these drugs. The effective date of SB 27 is January 1, 2018, and provides CDFA authority to promulgate regulations. CDFA has released regulations that would allow non-medical personnel such as owners of feed stores and online retailers to dispense restricted livestock drugs without the supervision or oversight of a pharmacist. Mr. Martinez expressed CPhA's concern that the proposed regulations might violate pharmacy law and effect pharmacists' statutory responsibility. Mr. Martinez requested the Licensing Committee add to the next committee meeting agenda discussion on these regulations and possible opposition to the proposed regulations. Chairperson Weisser recommended Mr. Martinez provide the same presentation to the Legislation and Regulation Committee as well.

Chairperson Weisser mentioned working with the California Medical Board to address the issue of putting the purpose of the prescription on the label. Executive Officer Virginia Herold indicated the board asked for this item and patient consultation to be added to a future agenda.

3. Discussion and Consideration of Pharmacy Technicians Working in the Community Pharmacy Setting Including:

- a. Changes in Pharmacy Technician Duties
- b. Changes to Create a New License Type of Pharmacy Technician with Expanded Duties, Including Application and Renewal Requirements
- c. Impact of Any Recommended Changes on Prescription Filling and Dispensing in Community Pharmacy Operations, Including Ratios

Chairperson Weisser reviewed agenda item noting this discussion is the start of possibly establishing a new licensing category of advanced technician license in the community setting. The committee discussed the options of having two levels of pharmacy technician, or one level which increased responsibility and/or possibly grandfathering in to this advanced level.

Committee members agreed there is a need for a higher level of a pharmacy technician but indicated it is an evolution and process to develop. It was noted that not all pharmacy technicians may want to pursue the advanced pharmacy technician license. The committee identified the problem that is being solved by adding this new licensing category is to allow the pharmacist to be out in front with the patients to increase patient consultation and public protection. The committee noted it also allows pharmacist to interact with the consumers of California. As the industry has involved and changed, pharmacy technicians must keep up with the industry to ensure the public is protected. Committee members also noted that with increased opioid abuse and advanced pharmacy technician is a good idea for consumer protection.

Deputy Attorney General (DAG) Joshua Room added from an enforcement perspective, many diversion cases involve the pharmacy technician license category and one of the reasons it is believed to be this way is because there is not much investment by the licensee in the possession of having a pharmacy technician license. Ms. Herold added that it is the board's hope that this will result in an increase of pharmacist consultation and reinforce the value of the pharmacists' role at the pharmacy. Several committee members discussed the need for pharmacies to hire more pharmacists to allow for patient consultation and to improve the working conditions of the pharmacy.

Chairperson Weisser reviewed relevant statutes and regulations including Business and Professions Code (BPC) sections 4038 defining pharmacy technicians and 4115 specifying tasks a pharmacy technician can complete under the direct supervision and control of a pharmacist. Mr. Weisser reviewed California Code of Regulations (CCR) 1793.2 specifying allowable duties performed by a pharmacy technician in most pharmacy settings including: 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; and packaging and repackaging.

Mr. Weisser reviewed the proposed language for BPC 4115.6 outlining proposed specified duties for the advanced pharmacy technician as provided in the meeting materials.

Mr. Weisser asked the committee to consider the conclusions of the Frost article provided in the meeting materials where the author concludes the adoption of robust practice policies and procedures, delegation of verbal orders and prescription transfers can be safe and effective, remove undue stress on the pharmacist and free up pharmacist time for higher order clinical care.

Ms. Veale noted in proposed BPC section 4115.6 (a)(3), this includes all prescriptions including controlled substances. Mr. Weisser noted proposed BPC section 4115.6 (b)(3) provides a pharmacist shall provide all new prescriptions and controlled substances prescriptions directly to the patient or patient's agent.

DAG Room provided clarification to the committee that the board did not need specify who completes the first step of tech-check-tech and that if the language indicates the advanced pharmacy technician completes the second step of tech-check-tech, that is sufficient. Ms. Veale indicated she wanted to ensure the language was clear.

Committee member Wong expressed concern for proposed BPC section 4115.6 (a)(3) as well as an advanced pharmacy technician taking a narcotic order. Chairperson Weisser reminded the committee the advanced pharmacy technician would have additional education required and be more invested in their career as an advanced pharmacy technician. It was the committee's hope that this would assist attracting a higher level of professionalism as well as deterring diversion by pharmacy technicians.

Dr. Wong noted his concern with the liability on a pharmacist who would not be able to verify if the new order was taken correctly. Counsel Room explained the board would investigate and in such a case where an advanced pharmacy technician is involved, the liability would be shared with the advanced pharmacy technician and pharmacist. Assistant Executive Officer Anne Sodergren added having the purpose of the medication included in the prescription would assist the pharmacist. Mr. Room clarified that the pharmacist will still have responsibility for all the tasks that cannot be delegated as those tasks are inherent in being a pharmacist.

Ms. Veale inquired if the committee was considering adding the purpose of the drug in the prescription label. Both Mr. Weisser and Ms. Herold indicated the board would work with the California Medical Board to determine the appropriate language that satisfied both entities. Counsel Room recommended requiring an inquiry be made about the purpose to the prescriber's office.

Chairperson Weisser reviewed CCR 1793.2 and indicated the committee was not considering any proposed changes for CCR 1793.2. Mr. Weisser opened the discussion for public comment.

Dr. Nasiba Makarem of Cerritos College commented on proposed BPC section 4115.6 (a)(5) inquiring if it should include transfer and receive prescription to another pharmacy. The committee agreed with Dr. Makarem's suggestion. Dr. Makarem recommended the committee consider including allowing an advanced practice pharmacy technicians the task of consultation for over the counter items. The committee provided this was part of the larger patient consultation discussion.

Shane Desselle offered to the committee additional surveys available substantiating the increase commitment of pharmacy technicians to the profession as well as the longevity and higher quality of work life when they have more education, duties and certification. Studies provide that pharmacy technicians who provide these additional services do so at a rate of safety as if performed by a pharmacist. Evidence also suggest even greater efficiency is gained as a result. The committee expressed interest in these studies.

Laura Churns of Albertsons requested the committee consider adding to the duties in proposed BPC 4115.6 to include the advanced pharmacy technician can do the technical task of administering an immunization. Ms. Churns indicated Albertsons is doing this with 38 technicians administering immunizations and have delivered 1,000 shots with zero complaints and incidents since April 2017. The committee expressed interest in this being added to the proposed language.

Members of the public commented on experiences as pharmacy technicians in California and outside of California.

Chairperson Weisser commented that by shifting some of the tasks away from the pharmacist, it is the legal expectation that the pharmacist will hand the medication to the patient and provide an opportunity to the pharmacist to consult. Mr. Weisser continued he didn't understand the resistance of pharmacists to act in a professional, appropriate, and legal way for their patients.

Lorri Walmsley of Walgreens suggested adding the tasks of accept new verbal prescriptions, refills and transfer to the role of a regular pharmacy technician and many other states allow for this and is proven to be safe and effective.

Mr. Weisser and Ms. Butler expressed concerned with a pharmacy technician taking a new prescription order over the phone from a prescriber's office. Mr. Weisser indicated he was more comfortable with an advanced pharmacy technician taking refills or transfers. Dr. Wong stated he wanted the pharmacist to be able to check the work of the pharmacy technician.

Paul Sabatini of UC Davis and Cal Regional in Yuba City requested clarification if the proposed BPC 4115.6 included all control substance levels or just C3-5. The committee clarified as written the proposal allowed for all levels of controlled substances.

Michelle Revis of CPhA inquired who makes the determination if a pharmacist's professional judgement is required in the proposed language BPC 4115.6 (a)(3). Mr. Weisser advised this was written to allow for the advanced pharmacy technician to make the determination at the time of taking the order on the phone or the prescriber's office to request to speak with a pharmacist.

Van Duong recommended having the prescriptions being recorded so there is a mechanism in place to

allow for the pharmacist to check the work. Ms. Duong recommended limiting controlled refills to a pharmacist.

The committee took a break from 10:36 am to 10:53 am.

Dr. Makarem recommend amending proposed BPC 4115.6 (a)(4) be written to allow for an advanced pharmacy technician to accept a refill that has elapsed in the system to a new prescription.

Chairperson Weisser reminded the committee in June 2016, the committee considered the duties of a pharmacy technician. Subsequently, the committee held a summit focused on the role of pharmacy technicians in various settings. The summit provided the committee with the opportunity to learn about the functions pharmacy technicians perform in various states and practice settings. The committee focused on how proposed changes would ultimately benefit consumers, including making pharmacists more available to engage in more direct patient care activities.

During the July 2017 committee meeting, the committee reviewed comparisons of pharmacy technician duties in other states. The committee discussed the practical implications of a tech-check-tech model in the community pharmacy setting including questions about the liability to the pharmacist when supervising the activities. Counsel noted that creating a new license type of technicians who check the work of technicians and who have a defined scope of duties, could address this concern as the responsibility would be shared.

The committee also spoke about the need to strengthen the educational requirements if pharmacy technicians are going to perform expanded duties. The committee noted the need to consider the full picture when assessing changes to pharmacy technician duties, as it could impact ratio considerations and most importantly, how this could impact patient care. The committee ultimately requested that board staff work with the committee chair to draft a proposal focusing on the community pharmacy setting first.

Chairperson Weisser began the discussion by reviewing the proposed language to define advanced pharmacy technician.

MOTION: Pursue statutory changes to add the definition of an advanced pharmacy technician by adding BPC section 4038.5 as proposed in the meeting materials.

Proposed Addition of BPC 4038.5 - Definition

“Advanced Pharmacy Technician” means an individual licensed by the board who is authorized to perform technical pharmacy tasks as authorized in Section 4115.6.

M/S: Veale/Sanchez

Support: 6 Oppose: 0 Abstain: 0

Chairperson Weisser advised the committee, a draft proposal for developing the duties of an advanced pharmacy technicians was developed with consultation from the committee chair and consistent with the committee’s direction to provide a framework that could be used to implement in the community pharmacy setting.

The committee discussed the merits of an advanced pharmacy technician taking the prescription of a controlled substance. The committee discussed the option of requiring the prescription be called in and recorded but it was determined the forgery could still be called in. The committee determined they didn't want to require the prescribers to call in their prescriptions. Many committee members expressed the advanced pharmacy technician must be able to accept prescriptions of controlled substances. Some committee members expressed concern that the pharmacist needs to be able to verify the prescription taken by an advanced pharmacy technician.

Dr. Desselle commented research points to the fact that advanced level pharmacy technicians that have been further educated and certified are more committed and record a higher level of efficacy.

Several members of the public commented on the discussion and expressed desire to postpone the discussion on the duties and review at the holistic level. Chairperson Weisser noted that the board has discussed these topics at multiple meetings and as well as at the pharmacy technician summit and had hoped for more participation during these meetings.

Members of the public commented on concerns about advanced pharmacy technicians taking controlled substances prescriptions and offered as a solution additional training being require for advanced pharmacy technician as well as administering the technical portion of immunizations.

MOTION: Pursue statutory changes to add the duties of an advanced pharmacy technician by adding BPC section 4115.6(a) as proposed in the meeting materials with the additional changes.

Proposed 4115.6 - Specified Duties

(a) In a community pharmacy, a licensed advanced pharmacy technician may:

- (1) Verify the accuracy of the typed prescription label before the final check by a pharmacist.
- (2) Verify the accuracy of the filling of a prescription including confirmation that the medication and quantity included on the label is accurately filled on drug orders that previously have been reviewed and approved by a pharmacist.
- (3) Accept new prescription orders from a prescriber's office unless the prescription order requires the professional judgement of a pharmacist and to require inquiry to be made on the purpose by the advanced pharmacy technician taking the prescription from the prescriber or physician's office.
- (4) Accept refill authorizations from a prescriber's office unless the prescription order requires the professional judgement of a pharmacist.
- (5) Transfer a prescription to another pharmacy.
- (6) Receive a transfer prescription from another pharmacy.
- (7) Technical administration of vaccine.

M/S: Veale/Sanchez

Support: 4 Oppose: 2 Abstain: 0

Chairperson Weisser reviewed the proposed language for BPC 4115.6 (b) regarding specified duties for advanced pharmacy technicians.

Committee members discussed that by adding the option of advanced pharmacy technicians, the advanced pharmacy technician could be an additional resource available to the pharmacists to help free up time for patient consultation. There was concern discussed among members that this won't necessarily help with complaints of inadequate staffing.

Ms. Veale commented she would like BPC section 4115.6 (b)(5) removed as that is the pharmacists' discretion. Mr. Weisser commented he was not comfortable with removing BPC section 4115.6 (b)(5).

Multiple members of the public commented on support to remove BPC section 4115.6 (b)(5) and discussing the ratio issue at a later time. The committee noted that the ratio discussion will need to be added to a future agenda.

MOTION: Pursue statutory changes to add the duties of an advanced pharmacy technician by adding BPC section 4115.6(b)(1)-(4) as proposed in the meeting materials with the removal of 4115.6(b)(5).

Proposed 4115.6 - Specified Duties

(b) A community pharmacy may use the services of an advanced pharmacy technician if all the following conditions are met:

- (1) The duties are done under the supervision of a pharmacist and shall be specified in the pharmacy's policies and procedures.
- (2) The pharmacist-in-charge is responsible for ongoing evaluation of the accuracy of the duties performed by personnel as authorized in subdivision (a).
- (3) A pharmacist shall provide all new prescriptions and controlled substances prescriptions directly to the patient or patient's agent and provide patient information consistent with the provisions of Section 4052 (a) (8).
- (4) An electronic record that identifies personnel responsible for the preparation and dispensing of the prescription.

M/S: Veale/Butler

Support: 6 Oppose: 0 Abstain: 0

Angie Manetti from CRA provided the committee with an update on AB 1589 that it is a 2-year bill and will be subject to the 2-year bill deadline in approximately January/February 2018.

The committee took a break for lunch from 12:12 pm to 12:48 pm.

Chairperson Weisser reviewed the proposed language for BPC 4115.6 (b) regarding licensing requirements for advanced pharmacy technicians.

Ms. Sodergren provided clarification that 3,000 hours was determined to be the equivalent of two years of work as 1,500 hours is the standard equivalent of one year of work used by the board for experience as pharmacist interns and advanced practice pharmacists. The committee discussed the incentive for becoming an advanced pharmacy technician will be driven by the market.

Chairperson Weisser introduced Nasiba Makarem, PharmD and Program Director of Cerritos College to provide the committee with an overview of Cerritos College's pharmacy technician certificate and

associate degree.

Dr. Makarem addressed the committee and provided the committee with Cerritos' two programs. Cerritos offers two routes: the certificate program consisting of 30 units; and the associate degree consisting of 60 units including the general education required for the associate degree.

Chairperson Weisser asked Dr. Makarem to provide an overview of the classes needed for the associate degree at Cerritos College. Dr. Makarem informed the committee the associate degree program included the following three types of classes:

- (1) Basic Overview of Pharmacy: pharmacy calculations; pharmacy practice class including laws and regulations; hands on simulated lab where they type prescriptions; soft skills including ethics, resume writing, communication, and medication reconciliation; institutional, long-term, etc.
- (2) Technical: sterile compounding; outpatient compounding, over-the-counter (OTC); 2 sets of pharmacology (requires prerequisite of anatomy and physiology or medical terminology)
- (3) Clinical: apply their education and train.

Dr. Makarem indicated programs at Santa Ana and Foothill are similar to Cerritos' program. Dr. Makarem provided typically students are encouraged by their employers to pursue additional education.

Chairperson Weisser asked Dr. Makarem if an advanced pharmacy technician could take an order and if there are enough spaces available for earning the associate degree. Dr. Makarem stated she believed an advanced pharmacy technician could take an order and the community colleges are working on increasing programs to allow for more people to obtain their associate degree. Ms. Veale asked Dr. Makarem if the general education portion of the degree was important. Dr. Makarem stated the general education was vital to communication, taking orders and relating to patients.

Angie Manetti of CRA expressed concerns requiring general education for the associate degree for an advanced pharmacy technician as well as access issues for the degree and making multiple pathways available. The committee discussed various options of splitting out the possible pathways for licensure as an advanced pharmacy technician.

MOTION: Pursue statutory changes to add the licensing requirements of an advanced pharmacy technician by adding BPC section 4211 as proposed in the meeting materials.

Proposed BCP 4211 (Licensing Requirement)

The board may issue an advanced pharmacy technician license to an individual who meets all the following requirements:

- (a) (1) Holds an active pharmacy technician license issued pursuant to this chapter that is in good standing,
- (2) Possesses a certification issued by a pharmacy technician certifying program as specified in board regulation.
- (3) Has obtained a minimum of an associate's degree in pharmacy technology.
- (4) Has obtained 3,000 hours of experience in a pharmacy performing the duties of a licensed pharmacy technician.
- (b) As an alternative to the requirements in subdivision (a), has graduated from a school of pharmacy recognized by the board.

(c) A license issued pursuant to this section shall be valid for two years, coterminous with the licensee's pharmacy technician license.

M/S: Wong/Butler

Support: 4 Oppose: 2 Abstain: 0

Chairperson Weisser reviewed the proposed language for BPC 4234 regarding continuing education renewal requirements for advanced pharmacy technicians.

MOTION: Pursue statutory changes to add the continuing education and renewal requirements of an advanced pharmacy technician by adding BPC section 4234 as proposed in the meeting materials.

Proposed BPC 4234 (CE/Renewal Requirement)

An advanced pharmacy technician shall complete 20 hours of continuing education each renewal cycle including a minimum of two hours of education in medication error prevention and two hours of board sponsored law and ethics education. A licensee must also maintain certification as specified in Section 4211 (a)(2).

M/S: Wong/Sanchez

Support: 6 Oppose: 0 Abstain: 0

4. Discussion and Consideration of Pharmacy Technicians Working in a Closed-Door Pharmacy Setting, Which Provide Pharmacy Services for Patients of Skilled Nursing and Long-Term Care Facilities

Chairperson Weisser provided an overview of the long-term care facility environment to the committee and explained the purpose of the discussion is to see what pharmacy technicians can do in a closed-door pharmacy setting to assist the pharmacists in providing additional patient care.

DAG Room clarified closed-door pharmacies are issued community pharmacy permits by the board and do not have a separate license type. Ms. Sodergren clarified that in a closed-door pharmacy there is different patient interaction and this discussion provides the committee the opportunity to determine if there are different requirements required for the closed-door pharmacies.

Mr. Weisser provided an example of a patient discharged from the hospital to a skilled nursing facility who is served by a closed-door pharmacy and posed to the committee who is providing the patient with their required patient consultation. Mr. Weisser noted that the closed-door pharmacy typically contracts with the skilled nursing facility and thereby does not provide patient consultation. The patient at a skilled nursing facility is considered the patient of the facility and not that of the closed-door pharmacy.

Art Whitney commented on his experience in the long-term care environment where the pharmacy is the contracted pharmacy for that facility. Based on federal and state rules, the closed-door pharmacy provides services to that facility but not the patient as the patient is a patient of the skilled nursing facility. Mr. Whitney clarified that the closed-door pharmacy provides pharmacy services to the facility with certain requirements by state and federal laws throughout the patient's stay and at discharge. By

contract, closed-door pharmacies do not participate in the non-institutionalized pharmacy population. Mr. Weisser expressed his concern for the patient discharged from a skilled nursing facility.

DAG Room asked if a pharmacy technician would be able to provide assistance to the pharmacist. Mr. Weisser explained there is a lot of work when a patient is added at a closed-door pharmacy. Mr. Whitney confirmed the amount of work is higher for each patient than in a retail community pharmacy setting. Ms. Duong commented it might help patient care if there are additional people to help in meeting time requirements for late admits to the skilled nursing facility.

Gary Lauren of the County of San Mateo noted that long-term care requires additional work and ratios need to be reviewed. Mr. Lauren commented the ratio should be like that of a hospital or institution.

Mr. Weisser expressed his concern if there is information available at the point of discharge for patients serviced by closed-door pharmacies after being discharged from skilled nursing facilities. If closed-door pharmacies could have advanced pharmacy technicians, the patient might benefit in this scenario for possible patient consultation.

Ms. Herold mention the committee didn't address what happens to the pharmacy technician license if an advanced pharmacy technician license is obtained. DAG Room recommended treating it like an intern license where it is a requirement to apply for licensure and the license is cancelled. DAG Room commented BPC 4112 (c) is omitted by implication.

5. Future Committee Meeting Dates

The committee reviewed the remaining meeting dates for 2017 including a date to be determined in September 19, 2017, and October 23, 2017. The dates for 2018 are as follows:

- January 16, 2018
- April 19, 2018
- June 26, 2018
- September 26, 2018

The meeting adjourned at 2:42 pm.