

Pharmacist Workload Advisory Committee Meeting

Background Materials – December 9, 2021

Topic: Pharmacy Technician Staffing, Responsibilities, and Working Conditions

1) Staffing – Technician Ratiosⁱ

State	Maximum Ratio: Ambulatory Care Setting	Maximum Ratio: Institutional Care Setting
Alabama	3:1	3:1
Alaska	None	None
Arizona	None	None
Arkansas	3:1	3:1
California	In community pharmacy, the ratio is 1:1 for the first pharmacist on duty, then 2:1 for each additional pharmacist on duty. 2:1 if pharmacy services patients of skilled nursing facilities or hospices. A pharmacist may also supervise one pharmacy technician trainee gaining required practical experience.	2:1
Colorado	6:1	6:1
Connecticut	In summary, ratio not to exceed 2:1 when both technicians are registered. Ratio of 3:1 permitted when there are two registered technicians and one certified technician. However, a pharmacist is permitted to refuse the 3:1 ratio for the 2:1 ratio.	In an institutional outpatient pharmacy, ratio is 2:1. The pharmacist manager may petition the Commission to increase ratio to 3:1 in a licensed or institutional outpatient pharmacy. Inpatient pharmacy ratio is 3:1 generally, but pharmacy can petition for ratio of up to 5:1; satellite pharmacy 3:1, but can petition for up to 5:1.
Delaware	None	None
District of Columbia	—	—
Florida	<p>Three to one (3:1) ratio: Any pharmacy or any pharmacist engaged in sterile compounding shall not exceed a ratio of up to three (3) registered pharmacy technicians to one (1) pharmacist (3:1).</p> <p>Six to one (6:1) ratio: Any pharmacy or any pharmacist may allow a supervision ratio of up to six (6) registered pharmacy technicians to one (1) pharmacist (6:1), as long as the pharmacist or pharmacy is not engaged in sterile compounding.</p>	

	<p>Eight to one (8:1) ratio:</p> <p>(a) Non-dispensing pharmacies. Any pharmacy which does not dispense medicinal drugs, and the pharmacist(s) employed by such pharmacy, may allow a supervision ratio of up to eight (8) registered pharmacy technicians to one (1) pharmacist (8:1), as long as the pharmacy or pharmacist is not involved in sterile compounding.</p> <p>(b) Dispensing pharmacies. A pharmacy which dispenses medicinal drugs may utilize an eight to one (8:1) ratio in any physically separate area of the pharmacy from which medicinal drugs are not dispensed. A "physically separate area" is a part of the pharmacy which is separated by a permanent wall or other barrier which restricts access between the two areas.</p>	
Georgia	<p>3:1</p> <p>One of the three pharmacy technicians must be certified. Board may consider and approve an application to increase the ratio in a hospital pharmacy.</p>	<p>3:1</p> <p>One of the three pharmacy technicians must be certified. Board may consider and approve an application to increase the ratio in a hospital pharmacy.</p>
Hawaii	None	None
Idaho	None	None
Illinois	None	None
Indiana	<p>6:1*</p> <p>Ratio includes technicians, technicians-in-training, and student pharmacists.</p>	<p>6:1*</p> <p>Ratio includes technicians, technicians-in-training, and student pharmacists.</p>
Iowa	3:1	None
Kansas	<p>4:1</p> <p>A pharmacist shall not supervise at any time more than two pharmacy technicians who have not passed a certification examination approved by the Board.</p>	<p>4:1</p> <p>A pharmacist shall not supervise at any time more than two pharmacy technicians who have not passed a certification examination approved by the Board.</p>
Kentucky	None	None
Louisiana	<p>3:1</p> <p>If pharmacy technician candidate is present, then maximum ratio for technicians is 2:1. If not, then the maximum ratio for technicians is 3:1.</p>	<p>3:1</p> <p>If pharmacy technician candidate is present, then maximum ratio for technicians is 2:1. If not, then the maximum ratio for technicians is 3:1.</p>
Maine	None	None

Maryland	None	None
Massachusetts	4:1 Up to 4:1 as long as two technicians are certified.	4:1 Up to 4:1 as long as two technicians are certified.
Michigan	None	None
Minnesota	3:1	3:1
Mississippi	3:1	3:1
Missouri	None	None
Montana	3:1 Ratio is 3:1. Licensee may ask Board for variance based on established criteria or greater upon Board approval.	3:1 Ratio is 3:1. Licensee may ask Board for variance based on established criteria or greater upon Board approval.
Nebraska	3:1	3:1
Nevada	3:1	3:1
New Hampshire	None	None
New Jersey	2:1	2:1
New Mexico	None	None
New York	2:1	2:1
North Carolina	2:1 Ratio may be increased above 2:1 if additional technicians are certified and the Board approves the increase in advance.	2:1 Ratio may be increased above 2:1 if additional technicians are certified and the Board approves the increase in advance.
North Dakota	4:1	4:1
Ohio	None	None
Oklahoma	2:1	2:1
Oregon	None	None
Pennsylvania	None	None
Rhode Island	None	None
South Carolina	<p>The PIC shall develop and implement written policies and procedures to specify the duties to be performed by pharmacy technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience.</p> <p>These policies and procedures shall, at a minimum, specify that pharmacy technicians are to be personally supervised by a licensed pharmacist who has the ability to control and who is responsible for the activities of pharmacy technicians and that pharmacy technicians are not assigned duties that may be performed only by a licensed pharmacist.</p> <p>One pharmacist may not supervise more than four pharmacy technicians at a time; at least two of these four technicians must be state certified.</p>	

	If a pharmacist supervises only one or two pharmacy technicians, these technicians are not required to be state certified. Pharmacy technicians do not include personnel in the prescription area performing only clerical functions, including data entry up to the point of dispensing, as defined in Section 40-43-30(14).	
South Dakota	3:1	None
Tennessee	2:1 or up to 4:1 if two technicians are certified.	2:1 or up to 4:1 if two technicians are certified.
Texas	3:1 or up to 4:1 if at least one of the technicians is not a pharmacy technician trainee.	None
Utah	Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.	Pharmacist determined for licensed pharmacy technicians, only one technician-in-training per supervising pharmacist.
Vermont	None	None
Virginia	4:1	4:1
Washington	None	None
West Virginia	4:1	4:1
Wisconsin	4:1	4:1
Wyoming	None	None

Illinois Task Force Report Regarding Pharmacy Technicians

Pharmacy Tech on Duty	"Requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted,"	Recommended against the adoption of any language within the Pharmacy Practice Act, or the Rules thereunder, addressing standard. Vote was 5 in favor, 1 against, with 1 abstention.	6/19/2019
-----------------------	---	---	-----------

Requiring Pharmacies to Employ at Least One Pharmacy Technician (From Page 6 of [Report](#))ⁱⁱ

Section 4.5 of the Act provided another standard that the Task Force considered, which was “requiring pharmacies to have at least one pharmacy technician on duty whenever the practice of pharmacy is conducted.” The Task Force recommended against the adoption of any language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of five in favor, one opposed, one abstention and one absent.

The majority believed that it would be unduly costly to require all pharmacies in the State of Illinois to employ a pharmacy technician whenever the practice of pharmacy is being conducted, as there are various types of pharmacies across the State that have no need or use for a pharmacy technician in general or during specific times of the day or week. For example, there are pharmacies, which could not afford to employ and would not have sufficient work to be required to employ a pharmacy technician. In addition, there are pharmacies which do not fill enough prescriptions, either all day or at particular times, to justify employing a pharmacy technician. Finally, there are often clinical and administrative tasks a pharmacist undertakes that have no need for a pharmacy technician. A requirement

that pharmacies in the State employ a pharmacy technician whenever it is operational would be costly and unduly burdensome.

Rationale Provided by Dissenter:

While I agree with the majority that it may be “unduly costly to require that all pharmacies” employ a pharmacy technician whenever the practice of pharmacy is being conducted, the same does not hold true in retail pharmacy settings. As an important reminder, the issues before this Task Force arose from the voice of Unionized pharmacists working exclusively in the retail setting. It is this particular practice of pharmacy that is the most vulnerable to technician understaffing and prescription errors. In fact, the Chicago Tribune’s investigation highlighted errors found only in retail pharmacy settings (as opposed to hospital and long-term care facilities mentioned by the majority). Retail pharmacies, unlike small independent pharmacies or long-term care facilities, can most certainly afford to employ at least one pharmacy technician at all times. Additionally, as made clear by the Tribune’s study, the rate of prescription errors in the retail setting (referred to as “chain” pharmacies in the Tribune story) are much higher than other settings, further amplifying the need for a pharmacy technician at all times. The workload in the retail setting is also undisputedly higher than other settings, making pharmacists working alone vulnerable to fatigue and errors unlike slower settings. Additionally, while overnight pharmacists who work in small hospitals and long-term care facilities may not “fill enough prescriptions” during that time to justify employing a pharmacy technician, the same cannot be said for retail pharmacists. The majority has failed to take these key differences into consideration and has not provided a basis as to why technicians should not be mandated solely in the retail setting. Accordingly, the Pharmacy Practice Act should be amended to require a pharmacy technician be on duty at all times in retail pharmacies such as Walgreens, Walmart, Target, CVS, Osco, and Marianos.

Limits on the Number of Prescriptions Filled and Mandated Pharmacy Technician Hours (From Page 7 of [Report](#))ⁱⁱⁱ

Regarding the standards contained in Section 4.5 of the Act, which required a consideration whether “to set a prescription limit of not more than ten (10) prescriptions filled per hour,” and whether “to mandate at least 10 pharmacy technician hours per 100 prescriptions filled,” the Task Force recommended a modification of these standards. The Task Force’s recommendation was that a new section listing “Grounds for Discipline” should be included in the Act, or rules promulgated thereunder, and that one of these grounds would include the following provision:

(2) Failure to provide a working environment for all pharmacy personnel that protects the health, safety and welfare of a patient which includes, but is not limited to:

.

- (c) Adequate time for a pharmacist to complete professional duties and responsibilities including, but not limited to:
 - (A) Drug Utilization Review;
 - (B) Immunization;
 - (C) Counseling;
 - (D) Verification of the accuracy of a prescription; and
 - (E) All other duties and responsibilities of a pharmacist as specified in the Pharmacy Practice Act Administrative Rules Part 1330.

The Task Force recommended the adoption of this language within the Act, or the rules promulgated thereunder, regarding this standard by a vote of seven in favor, none opposed, no abstentions and one absent.

The Task Force reached this recommendation by balancing the need to allow a pharmacist sufficient time to effectively complete his or her job against the establishment of arbitrary numerical limits on the prescriptions that are filled. Several Members of the Task Force recognized that it may be unduly costly and unworkable to require that all pharmacies in the State of Illinois only fill a specified number of prescriptions over a set time and require a specific number of pharmacy technicians based on an arbitrary number of prescriptions filled by the pharmacy. Again, some the Task Force Members recognized that there are many types of pharmacies with a variety of technological capabilities throughout Illinois, which causes the establishment of a specific limit on the number of prescriptions filled over a certain time to be unworkable in some settings. The Task Force's recommendation is based on a recognition that a restriction based on an arbitrary absolute number of prescriptions filled cannot be fairly applied, while basing restrictions on the overall work burdens of a pharmacist is a much more meaningful method of evaluating overall patient safety. The Task Force determined that monitoring the working environment of pharmacists and establishing a disciplinary action if the workload is excessive or the environment is too distracting as to prevent a pharmacist from properly completing all of his or her duties and obligations is a more reasonable and rational approach.

2) Technician Roles and Responsibilities

Current Ohio Technician Scope of Practice:

	Trainee	Registered	Certified
1. Accepting new written, faxed or electronic prescription orders from a prescriber or a prescriber's agent.	Yes	Yes	Yes
2. Accepting new verbal prescription orders, including refill authorizations, for non-controlled drugs from a prescriber or a prescriber's agent.*	No	No	Yes
3. Entering information into and retrieving information from a database or patient profile.	Yes	Yes	Yes
4. Preparing and affixing labels.	Yes	Yes	Yes
5. Stocking dangerous drugs and retrieving those drugs from inventory.	Yes	Yes	Yes
6. Counting and pouring dangerous drugs into containers.	Yes	Yes	Yes
7. Placing dangerous drugs into containers prior to dispensing by a pharmacist.	Yes	Yes	Yes
8. Performing non-sterile drug compounding.+	Yes	Yes	Yes
9. Performing sterile drug compounding.@	Yes	No	Yes
10. Packaging and selling a dangerous drug to a patient or patient representative.	Yes	Yes	Yes
11. Sending or receiving electronic prescriptions between pharmacies accessing the same prescription records in a centralized database or pharmacy computers linked in any other manner.	Yes	Yes	Yes
12. Stocking automated drug dispensing units, floor stock and crash carts at a location licensed as a terminal distributor of dangerous drugs.	No	No	Yes
13. Requesting refill authorizations for dangerous drugs from a prescriber or prescriber's agent, so long as there is no change from the original prescription.	No	Yes	Yes
14. Sending or receiving copies of non-controlled prescriptions (i.e. prescription transfers).*	No	No	Yes
15. Contacting a prescriber or prescriber's agent to obtain clarification for a prescription order if the	No	No	Yes

clarification does not require the exercise of professional judgment.			
16. Performing diagnostic laboratory testing pursuant to rule 4729:3-3-05 of the Administrative Code.	No	No	Yes

PHARMACY TECHNICIAN ROLE EXPANSION AN EVIDENCED-BASED POSITION PAPER (Sponsored by NACDS) [<https://www.nacds.org/pdfs/pharmacy/2018/Technician-Talking-Points-w-Evidence.pdf>]

POSITION 1: REALLOCATION OF PHARMACIST TIME TO OPTIMIZE PATIENT CARE

Community pharmacists spend only 21% of their professional time performing patient care services not associated with medication dispensing. To further optimize the pharmacist’s role in delivering patient--centered, collaborative care in communities, pharmacists must effectively reallocate their time, resources, and utilization of pharmacy technicians.

POSITION 2: TECHNICIAN ASPIRATION FOR EXPANDED ROLES

Most states limit the pharmacy technician’s scope of practice to certain aspects of the medication dispensing process. However, many pharmacy technicians have positive attitudes towards performing administrative and supportive tasks that further optimize patient care services in the community pharmacy setting. Technicians involved with these tasks are professionally satisfied in expanded roles. Broadening the pharmacy technician’s scope of practice may further advance the pharmacy technician’s role as an important contributor to the healthcare team.

POSITION 3: TECHNICIAN SUPPORT FOR PHARMACY PATIENT CARE SERVICES

Historically, pharmacy technicians have been utilized for administrative and supportive tasks throughout the medication dispensing process (i.e., medication preparation, payment adjudication, and customer service). Expanding the role of pharmacy technicians to assume time- and resource-intensive administrative and supportive tasks for pharmacy patient care services redistributes pharmacists’ time to further optimize patient care.

POSITION 4: TECHNICIAN SCREENING FOR PATIENT CARE SERVICES

Pharmacy technicians are uniquely positioned to identify and engage patients who would benefit from pharmacist patient care services given that patients frequently approach pharmacy technicians before interacting with the pharmacist. In settings where expanded technician roles are championed, patients receive comprehensive care through screening, identification, and referral of the patient’s medication-related needs to the pharmacist.

POSITION 5: TECHNICIAN SUPPORT OF MEDICATION DISPENSING

Retrieving, clarifying, and transcribing prescription information from the prescriber or the prescriber’s agent does not require clinical judgement; instead it requires competency in verbal and written communication. Often, the prescriber’s agent is administrative support staff who perform

these tasks at the discretion of the physician. Similarly, pharmacy technicians can receive, clarify, and transcribe prescriptions at the discretion of the pharmacist in permitting states. Fifteen states allow pharmacy technicians to accept verbal prescriptions, and 12 states allow pharmacy technicians to transfer prescriptions from one community pharmacy to another. In other pharmacy practice models, pharmacy technicians may also enter prescriptions for pharmacist review and play significant roles in detecting and preventing electronic prescribing errors. Pharmacy technicians should be recognized by state laws and regulations as competent team members who can support these medication dispensing tasks.

POSITION 7: TECHNICIAN-OBTAINED MEDICATION HISTORIES

Pharmacy technicians have a greater understanding of patients' medication lists and medication-taking behaviors than non-pharmacy healthcare professionals. Multiple studies demonstrate that pharmacy technicians are more accurate than nurses and other non-pharmacy personnel in obtaining patient medication histories. Utilization of pharmacy technicians to obtain medication histories allows pharmacists to more effectively prevent, identify, and resolve drug therapy problems. Reassigning supportive tasks such as obtaining medication histories to pharmacy technicians can optimize patient care.

POSITION 8: TECHNICIAN IMMUNIZATION ADMINISTRATION

Pharmacy technicians perform administrative tasks to support pharmacist-led immunization services. In Idaho, certified pharmacy technicians have begun administering immunizations, a task that is largely considered technical. Permitting pharmacy technicians to administer immunizations has the potential to increase the impact of pharmacist-led immunization services in local communities across the country.

ⁱ NABP 2021 Survey of Pharmacy Law

ⁱⁱ

<https://www.idfpr.com/PROFS/Meetings/Reports/Collaborative%20Pharmaceutical%20Task%20Force%20Report%2010%2011%202019.pdf>

ⁱⁱⁱ

<https://www.idfpr.com/PROFS/Meetings/Reports/Collaborative%20Pharmaceutical%20Task%20Force%20Report%2010%2011%202019.pdf>