Pharmacist Workload Advisory Committee – Draft Policy Options

Pursuant to rule 4729-2-01 (B) of the Ohio Administrative Code, the State of Ohio Board of Pharmacy crated the Pharmacist Workload Advisory Committee (PWAC) to ensure compliance with the following Ohio laws and rules:

- Section 4729.55, which states: Adequate safeguards are assured that the applicant will carry on the business of a terminal distributor of dangerous drugs in a manner that allows pharmacists and pharmacy interns employed by the terminal distributor to practice pharmacy in a safe and effective manner.

- Rules 4729:5-5-02 and 4729:5-9-02.1 of the Administrative Code which state: The pharmacy shall be appropriately staffed to operate in a safe and effective manner pursuant to section 4729.55 of the Revised Code.

The PWAC began meeting in October 2021 to review potential options to improve working conditions in pharmacies with the goal of protecting the health and safety of Ohioans. During the initial meetings, committee members we asked to provide actionable policy recommendations that would be reviewed by the Committee.

In February 2022, the Committee was then asked to rank each recommendation based upon how each policy option would impact the issue of workload, as outlined in the surveys conducted by the Board in 2020 and 2021.

The table below provides an overview of each policy option (based upon its numerical ranking by the Committee) and a summary of the comments from Committee members during meetings held in March, April, and June of 2022. Additionally, the Committee also discussed a number of policy options outside of the ranking exercise. These proposals, which start on page 14 and are marked with an asterisk (*), are also listed along with the Committee member's comments.

NOTE: Committee members were asked to provide any additional comments prior to publication of this document. Those comments are noted separately in the committee comments column.

Rank	Title	Type of Change	Description	Committee Comments
1	Expand Technician Scope of Practice – Immunizations	Administrative Rule / Legislative	Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.	In general, committee members were supportive of expanding the scope of practice for pharmacy technicians to provide immunizations. Committee members highlighted the utilization of the PREP Act, which allowed registered/certified technicians to provide immunizations in response to the COVID-19 pandemic. Committee members indicated that administration of vaccinations was a significant contributor to stress in the retail setting.

				There was discussion regarding creating a separate credential for vaccinating technicians to justify enhanced pay rates. However, Committee members were not certain that creating another credential would incentivize companies to offer higher rates of pay for technicians because, just like pharmacists, immunization administration may become the standard for technicians. The Committee did discuss training components, including requiring initial training that matched the PREP Act requirements (e.g., ACPE approved 20-hour course, such as APHA) as well as requiring continuing education to ensure technicians maintain competence. The Committee discussed making sure that technicians receive more training than pharmacists/interns given that pharmacists and interns have already completed courses in anatomy and other relevant topics as part of their pharmacy education. Additionally, the Committee discussed making sure a preceptor signs off on technician qualifications prior to completing the training. The Committee discussed limitations for the number of pharmacists supervising technicians conducting vaccinations. Some members expressed concerns about having set ratios, indicating that it would be preferential to leave up to the responsible pharmacist and that states are moving away from ratios. The Committee also discussed making sure that pharmacists feel empowered to ensure appropriate levels of oversite of technicians providing immunizations to ensure patient safety. Generally, the Committee felt that this proposal should apply to certified and registered pharmacy technicians if they are adequately trained.

				The Committee discussed a requirement to assess the competency every two years, including a review of appropriate technique. It was also mentioned that certain pharmacy technicians may not be administering immunizations on a regular basis, so it is important to have regular reviews. The members also discussed how other aspects of pharmacy practice (sterile compounding) require regular reviews to ensure competency.
2	Mandatory Breaks/Rest Periods	Rule	Require pharmacies to provide appropriate opportunities for uninterrupted rest periods and meal breaks to all staff.	Representatives from chain pharmacies indicated that most pharmacies are moving in this direction. Usually, 30-minute breaks are provided, and everyone must leave the pharmacy. Some members raised concerns that mandatory breaks do not help rebalance workload, as the level of workload does not change. However, there were discussions about whether mandating a closed pharmacy would negatively impact patient access. The Committee raise concerns about allowing technicians to bag/sell prescriptions without the pharmacist present. Committee members did not take issue with technicians continuing to prepare prescriptions for pharmacists to check when they return as a way of making sure that patients can still get their medications in a timely fashion. Some committee members cautioned against mandatory breaks and requested an approach like Oregon, which states that there must be "appropriate opportunities for uninterrupted rest periods and meal breaks."

				Committee members expressed that most physician offices are closed for lunch. Therefore, it's about setting expectations for the public that pharmacies need to take breaks. Generally, the committee agreed that uninterrupted breaks are good for patient safety in all pharmacy settings, as they allow for staff to come back refreshed.
3	Improve Resources to Promote Technician Onboarding	Board Initiative	Board shall develop educational videos and other materials to facilitate the onboarding of new technicians.	Committee members expressed the need to improve resources to assist with the licensing of pharmacy technicians. Specifically, they would like resources to assist both technicians as well as pharmacists and HR professionals responsible for coordinating the onboarding and training of technicians. Resources include additional guidance documents and step-by-step training videos assisting licensees in navigating the eLicense application process.
4	License Transferability	Administrative Rule	Board shall develop and implement a process for technician reciprocity.	The Board finalized its technician reciprocity rule effective April 1, 2022. More information about this process can be accessed here: www.pharmacy.ohio.gov/techrecguide
5	Improve Technician Training Resources	Administrative Rule	Requiring pharmacies to have a dedicated staff member to train all new technicians. Staff person should be at the pharmacy or district level.	Committee members raised concerns about the impact of this provision on independent pharmacies and small chains. Additionally, concerns were raised about how difficult this would be to enforce and whether it is best to leave this up to the individual companies to determine. Committee members did express that the stressful work environment leads to high turnover among technicians and that having a dedicated resource (or someone the trainee could shadow) would be beneficial to reduce turnover.

6	Staffing Plan	Administrative Rule	Require each pharmacy's responsible person to develop a staffing plan that establishes the appropriate number of pharmacy technicians and interns to pharmacist(s) on duty. The staffing plan shall ensure that the number of pharmacy technicians and interns on duty can be satisfactorily supervised by the pharmacist(s) on duty to safely oversee the practice of pharmacy. In developing a staffing plan, the responsible person shall consider all the following: a. The volume of workload and the services provided by the pharmacy. b. The volume of prescriptions handled by staff to include: i. Prescriptions filled, dispensed, and sold; ii. Prescriptions placed on hold; iii. Prescriptions returned to stock; iv. Any other prescriptions metrics developed by the responsible person. c. Security needs of the pharmacy and pharmacy staff. d. Required closing or opening of certain touchpoints (drive-thru, vaccines, etc.). Provide autonomy to the on-duty pharmacist as part of the rule to close or open touchpoints. e. Number of staff and level of staff competency. The responsible person shall be able to increase staffing to operate a pharmacy in a safe and effective manner.	Committee recommended the following adjustments to this proposal (NOTE: The proposal has been updated to reflect these changes): ▪ Add the word "safety" to the opening paragraph of proposal. ▪ For paragraph (D), add the word opening to show that the proposal is intended to allow the pharmacist, based upon workload, the ability to close touchpoints but also open touchpoints. Committee members also made some additional comments for Board consideration: ▪ Ensure the proposal does not preclude the use of tools (metrics) to develop the plan, including current errors rates or "near misses." ▪ Make this plan a setting specific rule or make it broader so it is applicable in different settings. ▪ Incorporate a notification requirement to the district managers and a decision tree to ensure decision makers in larger organizations are made aware. ▪ Ensure the staffing plan can be modified to conditions in the pharmacy, which is why notification to corporate is important. Have a way to remedy if corporate tells the pharmacist to not comply with the provisions of the staffing plan. Ensure there are penalties for overriding the responsible person's judgement. ▪ Everything should be documented to protect the person reporting violations of the staffing plan. ▪ The staffing plan should require all pharmacies with a drive-thru to make sure they are staffed. ▪ The staffing plan should consider that not all pharmacies are going to be fully staffed and should require each licensee prioritize essential services to manage workload and patient safety.

				▪ The staffing plan should also hold the permit holder accountable, particularly for errors in dispensing related to understaffing or violations of the staffing plan. ▪ Staffing plan should not just be based upon prescription volume only, as pharmacies are offering additional services. ▪ Incorporate pharmacy "dark hours" as an option in the staffing plan. Additional comments received from committee member representing a large chain: ▪ There should be a level of collaboration between the RP and their leadership in crafting the plan. The plan should be based on an agreement between the parties. ▪ The term "appropriate" in the opening sentence too subjective. ▪ Execution of this plan would be difficult. Projected volume is the primary driver behind labor budgeting. Considering these projections vary on a weekly basis, the only way to truly comply is to have a staffing plan for every week. This may create more red tape and workload to a pharmacist. A one size fits all plan that does not account for peak and slow times of year is not prudent. ▪ Proposing eliminating metrics, yet the RP can develop their own to drive this staffing plan. Seems contradictory. ▪ This clause at the end essentially negates the value of the staffing plan. IF the RP can deviate whenever they see fit, it's not a plan at all but rather a compliance issue to enforce whether a schedule meets the basic requirements of the plan.

7	Tech-Check-Tech	Legislative Change	Implementation of Tech-Check-Tech.	The Committee discussed how Iowa is considered the "gold standard" and has implemented technology-assisted technician product verification programs. The Committee discussed whether the current technician shortage would make it difficult to implement this provision. The Committee expressed the need to have well trained technicians and those clinical responsibilities such as counseling should remain under the purview of the pharmacist who has the appropriate training. The Committee discussed the need to have a clear separation between technical and clinical work.
8	Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests	Legislative Change / Administrative Rule	Change in the required current law/rule(s) regarding the pharmacist's authority to order and administer diagnostic tests. This should include diagnostic tests for COVID-19 and tests for COVID-19 antibodies. In addition, other FDA approved tests should be included in the amended law/rule(s). Additionally, administration of testing should be permitted by all trained pharmacy staff (interns, technician trainees, registered/certified technicians).	The Committee discussed that with the proper training, a technician trainee would be able to conduct these tests. Committee members discussed that sometimes there are only technician trainees working in the pharmacy and the ease of CLIA-waived tests reduces the risk that something could go wrong. The Committee then discussed whether there should be proof of competency. The Committee said that such a determination should fall back to the pharmacist in charge who would need to supervise the technician. Committee members expressed that COVID-19 testing was the same for all pharmacy staff so it would be appropriate if there is training. The Committee agreed that expansion of administering CLIA-waived testing should apply to all pharmacy personnel. The discussion then moved on to other non CLIA-waived testing, which would require a legislative change, as ordering diagnostic testing is only permitted for COVID-19 (under the PREP Act and ORC 4729.42)

				and as part of pharmacist consult agreements. The Committee discussed laws in other states that allow pharmacists to order and administer non CLIA-waived tests such as strep.
9	Expand Technician Scope of Practice – Drug Administration	Legislative Change	Develop permanent law/rule(s) to allow for pharmacy technicians to administer drugs in the state of Ohio. This would include, at a minimum, antipsychotics, Hydroxyprogesterone caproate, Medroxyprogesterone acetate, and Cobalamin. This is currently authorized by law/rule for pharmacists in the state (see ORC 4729.45).	The Committee discussed whether these medications would be appropriate for technician administration. Committee members expressed that this is an underutilized provision in the law and that expanding it to technicians could improve accessibility of healthcare. One Committee member mentioned a Pennsylvania rule that permits the administration of any medication by a pharmacist if it came in a syringe. This would also assist patients who often must pick up their medication from the pharmacy and return to the doctor's office to get it administered. The Committee felt that if pharmacy personnel were appropriately trained to give injections, then they should be able to administer such medications, with some exceptions. The Committee also discussed that, in certain areas of the state pharmacies are the only healthcare facilities for miles and expanding this for pharmacy professionals would be beneficial to public health. The Committee also discussed that this proposal could possibly lead to increased workload and would need to be coupled with other provisions to ensure it does not exacerbate existing workload issues.
10	Managing Touchpoints / Ancillary Staffing	Administrative Rule	Provide autonomy to the pharmacist on duty to shut down touchpoints and non-essential services if understaffed. Require ancillary staffing (support personnel and technicians) at each point of contact when the pharmacy is open. This must	The Committee discussed incorporating this provision into the staffing plan proposal (see policy option #6). Committee members raised the need to provide some autonomy of the pharmacist on duty to increase staffing. For example, having three people in the drive

			include drive-thru, drop-off, register, vaccinations, and a person dedicated to phones.	thru and four people waiting at the counter but only one technician working. It is important to allow the pharmacist to close certain touchpoints within the staffing plan when the workload exceeds what is necessary to staff the pharmacy. It also prevents distractions that could endanger patient safety. The Committee also discussed the need to ensure the staffing plan (see policy option #6) should be agreed to by both the responsible pharmacist and the permit holder. A committee member expressed that there is no need for any new rules in this space because closing of touchpoints already occurs in the retail space. Another member raised concerns that they need something in rule to ensure that they can feel supported making changes to protect patient safety. For example, what happens if your district manager says you cannot shut down any touchpoints. The Committee discussed the need to change public perception on what is happening in the profession of pharmacy. Frustration stems from not understanding why it takes so long to receive care. Concerns were raised that closing the drive thru restricts access to those who have small children, who are sick (or avoid exposure to sick individuals), or who may have mobility issues. This has changed somewhat with mandatory closures for lunch that are readjusting people's expectations. The Committee discussed how the drive thru is viewed as beneficial by patients but also expressed the need to make sure it is staffed, much like a drive-thru in other settings.

				A member suggested adjusting the staffing plan to require all pharmacies with a drive-thru to make sure they are staffed (this comment was added in policy option #6). Another suggestion raised was to have set hours for a drive thru window to allow for access and ensure it is properly staffed. Additional comments received from committee member representing a large chain: ▪ Difficult to assess what services are "non-essential" and what "understaffed" means. If the term is subjective, then this could give pharmacists a blanket allowance to shut down portions of a pharmacy that would, in turn, impact patient access. ▪ Could this be viewed as an attempt to dictate staffing levels. Basically, I'm counting a minimum of 5 technicians/ pharmacists at any given time to account for coverage of each of these workstations. It also contradicts the development of a "staffing plan", which presumably accounts for coverage of these workstations.
11	Working Conditions / Security	Administrative Rule	Require any "open-door" pharmacy must operate with at least one employee and one pharmacist (or two pharmacists). Include exception for documented absence. *California has a similar provision (two individuals required to work in a pharmacy).* *A community pharmacy shall not require a pharmacist employee to engage in the practice of pharmacy at any time the pharmacy is open to the public, unless either another employee of the pharmacy or, if the pharmacy is located within another establishment, an employee of the establishment within which the pharmacy is located, is made available to assist the pharmacist at all times.*	This provision is modeled off a 2018 California Law entitled "No Pharmacist Left Behind." A representative of chain pharmacies questioned the exemption for independents and questioned if there was data to reflect the exemption for independent pharmacies. The Committee discussed the differences in the survey data between large chains and independent pharmacies. The committee discussed this provision as a safety factor in case there is an emergency or a robbery. In addition, a committee member who is a practicing pharmacist noted that there's always work to be done

			Includes the following exceptions: *(1) A hospital pharmacy.* *(2) A pharmacy located in a hospital facility, including, but not limited to, a building where outpatient services are provided in accordance with the hospital's license.* *(3) A pharmacy owned or operated by a federal, state, local, or tribal government entity, including, but not limited to, a correctional pharmacy, a University of California pharmacy, or a pharmacy operated by the State Department of State Hospitals.* *(4) A pharmacy owned by a person or persons who, collectively, control the majority of the beneficial interest in no more than four pharmacies in California.* *(5) A pharmacy entirely owned and operated by a health care service plan that exclusively contracts with no more than two medical groups in the state to provide, or arrange for the provision of, professional medical services to the enrollees of the plan.* *(6) A pharmacy that permits patients to receive medications at a drive-through window when both of the following conditions are met:* *(i) A pharmacist is working during the times when patients may receive medication only at the drive-through window.* *(ii) The pharmacist's employer does not require the pharmacist to retrieve items for sale to patients if the items are located outside the pharmacy. These items include, but are not limited to, items for which a prescription is not required.*	for another staff member (e.g., cleaning, pulling outdates, etc.). There was also discussion as to whether a pharmacist working alone should be able to reduce touchpoints if there are safety concerns. The Committee discussed whether pharmacists feel safe and supported, particularly considering an increase in robberies. Members were also concerned if a pharmacist working alone has an emergency in the pharmacy where they are incapacitated there would be no one to call 9-1-1. The Committee discussed what would happen if there was not another staff member available or someone calls out sick. It was noted that the proposal contains exceptions for such situations. Committee members asked whether there are data or feedback from California regarding the impact of this law. Board staff have reached out to California for additional information. Additional comment received from committee member representing a large chain: ▪ This requirement is inherently bias against chain pharmacies. If it applies to chains, it should apply to independent pharmacies as well as the issue the Board is trying to mitigate would be applicable to them as well. ▪ The reason why independents are exempt is because the state association was the sponsor; this was not a Board of Pharmacy run bill; there is no patient safety reason to exclude independents; this is all about politics.

			(7) Any other pharmacy from which controlled substances, dangerous drugs, or dangerous devices are not furnished, sold, or dispensed at retail. *The board shall not take action against a pharmacy for a violation of this section if both of the following apply:* *(1) Another employee is unavailable to assist the pharmacist due to reasonably unanticipated circumstances, including, but not limited to, illness, injury, family emergency, or the employee's termination or resignation.* *(2) The pharmacy takes all reasonable action to make another employee available to assist the pharmacist.*	
12	Technician Career Pathways	Administrative Rule	We are adding more and more clinical services and responsibilities to the pharmacy technician position. Some employers are compensating accordingly while others are not. Since we cannot implement any rules or regulations involving pay, I feel it would help to somehow recognize our pharmacy technicians' additional certifications including immunizations, MTM, etc.	The Committee discussed advanced certification for technicians and how some entities recognize these advanced skills with new job codes for technicians. The Committee discussed whether a Board certification would translate to increased pay and whether such recognition would help with existing stress on technicians. Additional comment received from committee member representing a large chain: ▪ This may create a slippery slope. If these certifications are not tied to pay, then they need to be tied to something. Otherwise, the policy is completely redundant. Is there a concern with the Board tying these certifications to duties that may be performed, which may be counterproductive.
13	Report of Understaffing	Administrative Rule	(A) Adequate staffing to safely dispense prescriptions is the responsibility of the pharmacy and the pharmacy's responsible person. If conditions exist that could cause prescriptions to be	This proposal is from a current requirement in Oklahoma.

			dispensed in an unsafe manner the pharmacy and the pharmacy's responsible person shall take action to correct the problem. (B) In order to ensure adequate staffing levels a staffing report form shall be available in each pharmacy. A copy of this form, when executed, will be given to the immediate supervisor and a copy must remain in the pharmacy for Board inspection. Such form shall include, but not be limited to the following: (1) Date and time the inadequate staffing occurred; (2) Number of prescriptions filled during this time frame; (3) Summary of events; and (4) Any comments or suggestions. (C) A pharmacist shall complete the staffing report form when: (1) A pharmacist is concerned regarding staffing due to: (a) inadequate number of support persons (cashiers, technicians, auxiliary supportive personnel, etc.); or, (b) excessive workload; (2) Filling out the form may enable management to make a better decision concerning staffing. (3) Any errors that occurred to the result of inadequate staffing. (D) The responsible person shall submit that form in a manner determined by the board. (E) Each pharmacy shall review completed staffing reports and address any issues listed as well as document any corrective action taken or justification for inaction to assure continual self-	Members discussed how this spreads ownership of the problem but documenting staffing situations. It requires a duty to inform as well as a duty to address the underlying concerns raised by staff. The Committee discussed how it ties into staffing plan (see policy option #6) because it allows documentation of deviations from the plan. It also provides details to inform the Board regarding working conditions when investigating a possible error in dispensing. The Committee also discussed if submission of the form should be restricted to pharmacists or whether it would be appropriate to allow technicians to submit reports of understaffing. The technician representative indicated that they would not feel uncomfortable submitting a form, as long as the Board ensures that anti-retaliation provisions remain in place for terminal distributor license holders. Additional comments received from committee member representing a large chain: ▪ "Adequate" is not defined and is too subjective. ▪ "Conditions" is not defined and too subjective. Any circumstance can be tied to a hypothetical safety danger. ▪ The staffing report form allows for a licensee to create a record, to be used as possible evidence, to justify a subjective standard. ▪ How can a pharmacist possibly make a conclusion that an error was due to inadequate staffing? This is going to create a condition where the root cause of every error is due to staffing

			improvement. If the issue is not staffing related, measures taken to address the issue should be described. (F) Each pharmacy shall retain completed staffing reports on-site in a readily retrievable manner for at least three years from the date of creation.	rather than driving accountability and performing a proper root cause analysis.
14	Limits on Hours Worked	Administrative Rule	A pharmacy shall not require a pharmacist or pharmacy technician to work longer than twelve (12) hours per a twenty-four (24) hour period.	Committee members discussed the issue of fatigue related to working more than 12 hours. However, it may not be a one-size fits all, especially in the hospital setting. The proposal would apply to hours worked and not hours paid, as pharmacists may only get paid for a 12-hour shift but work 14-hours to catch up. Members discussed that this proposal could apply to certain settings, especially given the level of burnout as indicated in the survey data. One committee member referenced an Illinois study committee on pharmacy workload and how they were not able to land on a maximum cap for pharmacist hours. However, a new Illinois law scheduled to go into effect states the following: *(a) A pharmacy licensed under this Act shall not require a pharmacist, student pharmacist, or pharmacy technician to work longer than 12 continuous hours per day, inclusive of the breaks required under subsection (b).* The Committee discussed how a loss of focus during extended shifts can be dangerous to the public and compared it to similar requirements in airlines and for long-haul truckers. The Committee recommended examining current studies looking at fatigue in the healthcare profession. Additional comment received from committee member representing a large chain:

				▪ I don't believe the real issue here is working long hours. I believe the issue is pharmacist's coming in early and leaving late. That should be in their discretion and having that discretion taken away could be viewed as over regulation. It is okay with a policy limiting a "shift" to 12 hours while leaving it up to the pharmacist when to come in either before or after their shift. If you're scheduled to work 8-8, are you supposed to show up right at 8 and start working or do you set up the day prior to serving customers? Need to allow pharmacist with a choice.
15	Mandatory Dark Hours	Administrative Rule	Require "open door" pharmacies to operate dark hours that allow for staff to prepare and catch up on their work without any interruptions.	The Committee discussed how dark hours are more of an exception and if you do not need them, they should not be mandatory. However, they recognize they are important in situations when you are inadequately staffed. One member suggested incorporating this into the staffing plan. Another member noted that mandatory dark hours that are not needed would reduce patient access because it would potentially shorten the hours that pharmacies are open. Another member noted that if incorporated into a staffing plan, the staff should be paid during dark hours. Additional comment received from committee member representing a large chain: ▪ The practical reality of this requirement would be that pharmacies would simply shorten their hours and have these pharmacies do their pre and post work with the gates closed.
16	Metrics	Administrative Rule	Eliminate Job impacting metrics that compromise safety and integrity of the profession. Pharmacists and technicians should not be financially impacted, or job performance impacted to meet	This proposal is based on a California law (SB 362).

			corporate metrics around speed and time to fulfillment. Accuracy should be allowed as a metric. Prohibit metrics related to the volume of services provided. This proposal is based on a California law (SB 362).	Committee members discussed the issue of metrics, as metrics were raised a significant concern in the Ohio survey data. Committee members noted that metrics are a part of business operations, and that primary focus should be on patient care and safety. The Committee then discussed the difference between metrics (e.g., error rates) and quotas (e.g., requiring a certain number of phone calls, vaccines, etc.). The Committee discussed whether forgoing metrics/quotas should be incorporated into the staffing plan. If the pharmacy isn't fully staffed, should metrics/quotas apply? The Committee talked about how the California is law is focused on quotas and prohibiting using those quotas as a penalty. Additional comments received from committee member representing a large chain: ▪ I don't believe I've seen any empirical data that directly correlates metrics with compromising safety. To the contrary, the metrics are all tied directly to promoting patient care and service. ▪ Without objective measures, not only can the business not measure its productivity, but a pharmacist could not conceivably every receive any performance feedback as their direct supervisor, who likely has limited facetime, would base a pharmacist's job performance on the few meetings they have per year in the pharmacy. ▪ The draft PWAC document is correct in pointing out that California calls their bill a quota bill, but

				it is really about metrics. California themselves never understood this. Again, this is not a Board of Pharmacy run bill. It is the state association and the unions telling the Board of Pharmacy what to enforce. As with any business, metrics are necessary.
17	Elimination of Cold Call Lists	Administrative Rule	Eliminate required cold call lists.	Members indicated cold calls are beneficial to the patient and aid with medication adherence. Committee members discussed that they are an excellent tool, but it may not be appropriate to mandate and tying it to a quota or metric. The Committee also discussed incorporating cold calls as a consideration in the staffing plan if the employer feel they are a necessary service.
18*	Alabama Rule – Supervising Pharmacist	Administrative Rule	There is a growing discussion among pharmacy boards throughout the country about workload conditions in pharmacy. In that discussion, there are many issues contributing to workplace dissatisfaction. It is important to understand that issues related to dissatisfaction in workplace conditions may not fall under the authority of any board of pharmacy unless it involves an adverse result to the safety of patients. The Alabama State Board of Pharmacy was established to ensure the safety of the public health. The Board is not an advocate for pharmacists or technicians but for the patients they serve. One concern of dissatisfaction addresses board of pharmacy disciplinary actions and the focus on the individual licensee and not on the permit or the root cause. The Board has several actions that do address the root cause as well as the permit. **Board Rule 680-X-2-.12 Supervising Pharmacist specifically states:** If the actions of the permit holder have deemed to contribute to or cause a violation of any provision of this section, the Board may	This policy was discussed because of the need to rebalance who is ultimately held responsible for a violation of Ohio laws and rules and how working conditions (or situations outside of the responsible pharmacist's control) may have contributed to the violation. The Committee discussed the current Board process, and it was noted that each violation is handled on a case-by-case basis. The Committee discussed how outside of independents there are two individuals signing off on the license. Having a rule notating the shared responsibly would provide some clarity to both the license holder and the responsible person.

			hold the permit holder responsible and/or absolve the supervising pharmacist from the responsibility of that action. In addition, it is a violation of this rule for any person to subvert the authority of the supervising pharmacist by impeding the management of any pharmacy in relation to compliance with federal and state drug or pharmacy laws and regulations. Any such act(s) may result in charges being filed against the permit holder. **To fully understand the impact of the above-cited section, it should be read with the following sections of 680-X-2-.22 Code of Professional Conduct in mind.** (2) (a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner. (2) (f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.	
19*	Pharmacy Benefit Managers	Administrative Rule/ Legislative	The Board should ensure that its rules cannot be utilized by pharmacy benefit managers and insurers to initiate clawbacks.	The Committee highlighted how some PBMs will initiate clawbacks if there is minor discrepancy with Board rules. Members discussed how clawbacks impact the ability for pharmacies to adequately staff because it makes it difficult to project revenue. Committee members suggest looking at ways the Board can provide some flexibility in rule so that such rules cannot be used against pharmacies by insurers and PBMs. Committee members acknowledged that the Board currently has no authority over PBMs and that an additional study committee may be warranted. The Committee did discuss the need for policymakers to review model standards by the National Academy for State Health Policy:

				https://www.nashp.org/comparison-state-pharmacy-benefit-managers-laws/
20*	Improve Quality of Electronic Prescribing	Legislative	Develop a process to regulate electronic prescription transmission systems to improve quality and standardize format.	The Committee reviewed examples of electronic prescriptions that contained inaccurate directions, doses, truncated drug names, etc. Committee members noted that these prescriptions cause increased workload because pharmacists are required to call the prescriber to obtain further clarification.
21*	Authorizing Pharmacists to Prescribe Drug Devices	Legislative	Permit pharmacists to prescribe drug devices necessary to dispense a prescription.	As part of the electronic prescribing discussion, Committee members also noted that many times the prescriptions do not include orders for devices needed to administer the prescribed medication (needles, lancets, etc.). This adds to workload because pharmacy personnel are required to call the prescriber to obtain another prescription for the devices.
22*	Eliminating Manual Logs	Administrative Rule	Review Board rules to reduce the use of paper logs.	Some members noted that reliance on paper logs creates more work for pharmacy personnel. They recommended the Board review and clarify the use of electronic recordkeeping to reduce the use of paper records in the pharmacy.
23*	Change of Responsible Person Requirements	Administrative Rule	Extend notification requirement of the responsible person from 10 to 30 days.	One member suggested increasing the time from 10 days to 30 days to report a change of responsible person. Additionally, some noted that the requirement to conduct an inventory (especially when you have someone temporarily filling in as the RP) adds to overall workload.
24*	Improving the Physical Security of Pharmacies	-	Look at ways to improve the physical security of pharmacies.	The Committee expressed concerns regarding physical security, particularly in the retail settings. Some members expressed the need to implement policy 11 as a safety measure in addition to alleviating workload stress.
25*	Pharmacy Intern Ratios	Administrative Rule	Expand the number of interns that can work under the pharmacist.	Some members expressed the current limit on how may interns a pharmacist may supervise (2 for every 1

				pharmacist) need to be reexamined. The Committee recommended looking at ratios from other states.
26*	Automation and Technology	Legislative/ Administrative Rule	Examine ways to utilize automation and technology to improve working conditions.	Automation and technology currently play and, in the future, will support an increasing greater sector of healthcare including pharmacy. As discussed by the committee, telepharmacy is rapidly expanding throughout the country in several states and has been a part of pharmacy practice in some states for several years.

***Discussed by the Committee but not included in the policy ranking exercise.**