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July 7, 2022

Attention: Cameron J. McNamee, Director of Policy and Communications
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor Columbus, Ohio 43215

Submitted via email: Cameron.McNamee@pharmacy.ohio.gov

Re: Pharmacist Workload Advisory Committee Draft Policy Options

On behalf of all pharmacies owned and operated by Walgreen Co., we thank the State of Ohio Board of Pharmacy Board for the opportunity to critically review and submit comments on the Pharmacist Workload Advisory Committee's draft policy recommendations.

Thank you in advance for your time and consideration of our comments on the following priorities:

1, 7, 8 & 9 (Technician Scope of Practice) Walgreens is very much in support of these proposed changes; we encourage the expansion of pharmacy technician roles to allow delegation of immunization administration, as well as other expanded duties, to trained pharmacy technicians. Walgreens realizes the vital role that trained pharmacy technicians' play in providing safe quality care to our patients. The PREP Act allowed pharmacy technicians to step up. Pharmacy Technicians clearly demonstrated the vital role they play in optimizing care for our patients by providing valuable services such as immunizations and testing. Allowing trained pharmacy technicians to perform these expanded roles not only improves patient access and care but also decreases workload on pharmacists so they can spend more time performing clinical functions. We support the following workload advisory committee priorities: technician immunization, tech-check-tech, technician administration of CLIA-waived testing and tech administration of other prescribed drugs.

2 (Breaks and Rest Periods) Walgreens supports policies that improve employee well–being such as allowing pharmacy staff appropriate opportunities for uninterrupted rest periods and meal breaks.

3 & 5 (Pharmacy Technicians Onboarding & Training & License Transferability) Walgreens supports the critical role pharmacy technicians' play in patient care and the need for appropriate training determined by the employer. Each pharmacy may vary regarding setting and services provided. We recommend that each pharmacy should have the ability to determine the appropriate level of training based on the skills needed for the position and this should NOT be determined by the board.

The ability to bring qualified individuals into practice quickly during times of crisis has never been more evident than during COVID. We appreciate and support the Board's technician reciprocity rule which went into effect on April 1st which increases access to patient care and can help alleviate staffing challenges.

6, 10, 13, 15 (Staffing) Pharmacies have different operational models and provide different patient care services. *CONCERN - one the comments called out that "the staffing plan" should also hold the permit holder accountable, particularly for errors in dispensing related to understaffing or violations of the staffing plan.* Walgreens does not support mandating each pharmacy's responsible person developing a staffing plan. It is unrealistic to think that the RP can be the sole person to determine the staffing plan. Financial resources to support the business operations are finite and are determined by third party contracts. If the RP has unreasonable expectations of the staffing plan vs. the financial resources of the business, it may create pharmacy deserts due to lack of financial viability for business to operate under these arbitrary constraints. *We have concerns with requiring a pharmacy outlet to comply with the Pharmacist's determination even if the outlet felt that that was an unsafe practice. If the Pharmacist is responsible for making the decision, they too should be accountable for their actions, not the permit holder.*

Mandatory Dark Hours - While this is a good option for pharmacies to consider, creating a mandate does not make sense for every pharmacy in every situation. Could the board provide this as a suggestion or guidance for permit holders in the event of staffing challenges? Many pharmacies employed this technique during the height of COVID without the need for a mandate Walgreens does not support requiring mandatory dark hours which would require "open door" pharmacies to operate dark hours to allow staff to prepare and catch up on work. Adding mandatory "dark hours" could potentially shorten "open hours" that patients have access to their pharmacy. If the pharmacy is open, patients should have access to pharmacy services.

A concern with adding regulations which mandate which pharmacy touch points must be shut down may potentially limit patient access (for instance a patient with a disability needing to utilize the drive thru.)

Adding subjective staffing reports adds an additional task to pharmacy staff. In addition, this reporting may wrongfully be used as a "reason" for errors thus eliminating the purpose of quality assurance which is to identify the root cause to improve and promote patient safety.

11 (Working Conditions/Security) Walgreens supports a secure and safe workplace. We do not support mandatory language requiring at least one additional associate as it may limit flexibility in managing the business which may impact access to patient care. This too could be handled as a guidance for pharmacies to consider. However, it should not be mandated due to the potential lack of access. During the pandemic many pharmacies, out of a concern for safety of their employees moved to a drive-thru or drive-up only model with limited internal service. Arbitrary mandates may limit the flexibility of business to do what is right and safe for both patients and employees.

12 (Pharmacy Technician Career Pathways) Walgreens supports the vital role of pharmacy technicians and expanding their scope based on their training. We would be in support of a guidance document for this topic.

14 (Limits on Hours Worked) Walgreens supports a safe working environment. One size may not fit all when it comes to staffing, different pharmacy practice sites have different models and provide different patient services. In addition, pharmacists should have the choice to come in early or stay late to cover for emergencies or exceptional circumstances.

16 (Metrics) Metrics can play a significant role in identifying trends which may lead to improving patient safety and outcomes, therefore we do not support eliminating metrics

17 (Cold Calls) Patient calls are a valuable tool for optimizing patient's health outcomes such as improving adherence and identifying potential drug therapy problems such as efficacy and drug-drug interactions. In addition, patient calls can help identify and resolve patient concerns regarding safety and even cost. We do not support language eliminating cold calls.

18 (Supervising Pharmacist) We do not feel additional language is needed. Walgreens supports the following sections of 680-X-2-.22 Code of Professional Conduct.(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. Similar to #6&10 board agents can identify and address issues during site visits.

20 (Improve Quality of Electronic Prescribing) Walgreens supports improving the quality of electronic prescribing.

21 (Authorizing Pharmacists to Prescribe Drug Devices) Allowing pharmacists to provide this additional service to patients improves patient access and helps improve health equity. We support pharmacists prescribing of drug devices.

22 (Eliminating Manual Logs) Eliminating manual logs helps decrease unnecessary workload in pharmacies. We support eliminating manual logs.

23 (Change of Responsible Person Requirements) Extending the notification requirement of the responsible person from 10 days to 30 days reduces administrative burden and workload. It will also allow for more time to ensure that pharmacies hire the person with the appropriate qualifications to do the job which may ultimately result in better compliance and lower turnover for the organization Walgreens supports this recommendation.

24 (Improving the Physical Security of Pharmacies) our comments under #11.

25 (Pharmacy Intern Ratios) Walgreens supports expanding the number of interns that can work under the pharmacist from the current 2:1 ratio and allowing the Pharmacist on Duty determine the maximum number of individuals they can supervise Allowing additional interns provides additional essential services and increases access to patient care.

26 (Automation and Technology) Walgreens supports utilizing automation and technology to improve working conditions and improve patient safety and access to patient care. The utilization of tele pharmacy in rural and underserved urban communities has played a critical role in increasing patient access to medications and care (from NABP resolutions)

Walgreens thanks the Board for the opportunity to comment on the draft policy recommendations. If the Board would like additional information, please feel free to contact me.

Sincerely,

Nichole Cover, RPh

OHIO COUNCIL OF RETAIL MERCHANTS
1922–2022

50 West Broad Street
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July 7, 2022

Cameron McNamee
Director of Policy and Communications
Ohio Board of Pharmacy
77 S. High St., 17th Fl.
Columbus, OH 43215

Dear Cameron,

First and foremost, on behalf of all our chain drug members, I wish to thank the Board for providing the opportunity to review and comment on the draft policy recommendations of the Pharmacist Workload Advisory Committee. It is very important that the Board work with community pharmacies on issues that impact the practice of pharmacy and thus, we appreciate being asked for feedback prior to promoting any new policy changes.

Based on member input, our positions are as follows:

1. **Expand Technician Scope of Practice - Immunizations**: We support expanded scope allowing pharmacy technicians to immunize. The pharmacy technician must be registered in accordance with state requirements, actively certified by a national pharmacy technician body (any recognized by the state board of pharmacy), and have successfully completed a practical training program approved by ACPE.
2. **Mandatory Breaks/Rest Periods**: We do not support mandatory breaks, however, we would support a policy to provide "appropriate opportunities for uninterrupted rest period OR meal break."
3. **Improve Resources to Promote Technician Onboarding**: We support the Board of Pharmacy creating resources that walk new technicians through the pharmacy technician *registration* process. We don't oppose other job-specific training that is made available to new pharmacy technicians as an optional resource. It is more beneficial for us to develop training specific to our business, systems and standards ourselves.
4. **License Transferability**: We support. The new rule will be helpful.
5. **Improve Technician Training Resources**: We do not support requiring a dedicated staff member as we agree with committee members that it is difficult to enforce and manage.
6. **Staffing Plan**: We do not support. The language will never be clear enough for different site settings and will create more issues to manage appropriately by either the pharmacy or the company. The Board's agents can address any concerns they may see during a site visit versus creating specific language on this.

7. **Tech-Check-Tech**: We support Technician Product Verification (TPV) where certified pharmacy technicians provide technology-assisted final drug product verification during the prescription-filling process.
8. **Expand Technician Scope of Practice - Order and Admin of Diagnostic Tests**: We support expanding scope of practice for pharmacists to order and administer CLIA- and non-CLIA waived tests. For technicians, we would support national certification to administer non-CLIA waived tests. CLIA-waived tests can be administered by any pharmacy associate.
9. **Expand Technician Scope of Practice – Drug Administration**: We support such a policy for nationally certified technicians.
10. **Managing Touchpoints/Ancillary Staffing**: We do not support. Similar to #6, it may cause more issues than it solves based on the language. Board agents on site visits can identify and address if they see issues.
11. **Working Conditions/Security**: While we support a secure and safe workplace, we do not support mandatory language on having at least one additional associate as it may limit flexibility in managing the business.
12. **Technician Career Pathways**: We do not support any specific rules on this. The job market will dictate pay, just as we are currently, and have been, experiencing over the last 12 months.
13. **Report of Understaffing**: We do not support this as it creates more work and documentation. Similar to #6 and #10, Board agents on site visits can address if needed.
14. **Limits on Hours Worked**: Although we believe in good work-life balance, we do not support specific language on hours as it may negatively impact patient access and limit flexibility in managing the business. Similar to the committee comments, some pharmacists may choose to come in early or stay late. Also, limiting hours in a 24-hour period may reduce the ability to cover emergency call-offs or leaves. Certain pharmacists choose to pick up overtime to cover shifts. This would limit their choice to do so and cause pharmacies to temporarily close.
15. **Mandatory Dark Hours**: We do not support specific language requiring mandatory dark hours.
16. **Metrics**: We do not support eliminating metrics. Metrics are a tool that help measure impact on patient care and business operations. Metrics have many benefits, including:
    a. measuring how we are impacting outcomes,
    b. identifying wasteful or unsafe practice behaviors,
    c. reducing medication waste, and
    d. identifying trends needed to improve standards of care.
17. **Elimination of Cold Call Lists**: We do not support as there can be a place for cold calls, especially as we move to value-based care models.
18. **Alabama Rule - Supervising Pharmacist**: Does the Board of Pharmacy not already have the ability to do this? We are not sure why any action/change is necessary.
19. **Pharmacy Benefit Managers**: We agree that the Board needs to be very careful with any new language that the PBMs can use to withhold reimbursement for pharmacy claims or services. Most work condition issues will improve if there is appropriate regulatory oversight of PBMs. The intent of the Board to improve conditions via rule could cause more harm to the industry and patient access if this is only another means for PBMs to squeeze pharmacy profits.
20. **Improve Quality of Electronic Prescribing**: We support.
21. **Authorizing Pharmacists to Prescribe Drug Devices**: We support.
22. **Eliminating Manual Logs**: We support.
23. **Change of Responsible Person Requirements**: We support.
24. **Improving the Physical Security of Pharmacies**: We would need to see what specific requirements are being recommended before commenting. We agree security is a concern, but any rule should be rational and not require significant costs to implement.
25. **Pharmacy Intern Ratios**: We support.

26. **Automation and Technology**: We agree, but we also believe the Board should review current rules that are impeding technology from being utilized to its fullest benefit. *[For example, preventing return to stock to automated dispensing machines.]*

Once again, we thank the Board for the opportunity to provide feedback on the draft policy recommendations. We stand ready to work with you going forward.

Sincerely,

Lora Miller
Director of Governmental Affairs & Public Relations

Mcnamee, Cameron

From: Ernest Boyd <eboyd@ohiopharmacists.org>
Sent: Friday, July 8, 2022 3:54 PM
To: Mcnamee, Cameron
Subject: OPA Workforce Comments

Thanks for accepting our comments in this format, Cameron. Ernie.

The Ohio Pharmacists Association would like to thank the board of pharmacy and the pharmacists who participated on the workforce committee for your work on this critical topic. The issues you are tackling are especially difficult to sort out, but very important to the public and the profession. You are dealing with subjective problems that can significantly contribute to public safety. We would like to comment on the issues we feel are most significant.

Metrics and quotas

Probably the most significant problem is the enforcement of quotas by chain pharmacies. Probably the recent legislation passed by California stated it best:

The California legislation states that pharmacies shall not establish a quota related to pharmacist or pharmacy technician duties required by their license. Here is how they define a quota: “a fixed number or formula related to the duties for which a pharmacist or pharmacy technician license is required, against which the chain community pharmacy or its agent measures or evaluates the number of times either an individual pharmacist or pharmacy technician performs tasks or provides services while on duty.” These quotas are related to prescriptions filled, services rendered to patients, programs offered to patients, and revenue obtained. Failure to comply can result in an enforcement of action by the California State Board of Pharmacy.

It is understood that metrics may be utilized if a particular pharmacist is dramatically under performing. But setting quotas of the number of phone contacts, immunizations, and prescriptions filled is dangerous when a pharmacist may need to spend additional time with particular patients.

Let me be very clear. OPA is not objecting to the use of metrics as a general management tool. We believe that any Board regulation or statutory change should only impact the concept of quotas and should be defined with this in mind. Although the California law is limited to chain pharmacies, OPA stresses that any regulations should apply to all pharmacies.

We would greatly appreciate the board adopting regulations to regulate the utilization of quotas in any way. We also strongly support the concept that the terminal distributor company or corporation should be held responsible for creating patient safety issues in any of these areas. It is inherently unfair for the pharmacist to absorb this liability, when they are following corporate directives that impact patient care.

Technician enhancement

Although we appreciate the various areas of expanding technician utilization, the reality is that very few technicians are available at this time. We believe technicians have a significant role in assisting the pharmacist in providing various immunizations and other critical services. However, we are not comfortable with technicians providing the services without the pharmacist on duty having complete confidence in their abilities. Since the pharmacist will be absorbing the liability, they should have the right to deny a particular technician from administering vaccines if they have concerns about their competence.

We particularly object to the idea of tech-check-tech in community practice. The problems of drug theft, improper advice being given to patients, and occasional carelessness by certain technicians, demands direct pharmacist oversight at the time of dispensing. We emphasize that it is totally inappropriate for technicians to engage in patient education and counseling. A high school graduate does not have the education to provide these essential services.

Pharmacists often need to intervene with certain patients at the point of care. If the pharmacist is not directly in the pharmacy at the time of dispensing, all chance for provider services is denied to the patient.

We are open to discussion on various levels of utilization of technicians, but feel that it is unlikely to impact the workload in the short term due to the unavailability of technicians. We believe that pharmacists are still adjusting to the administration of long acting injectables, and other medications. We don't believe that the time is right to expand that authorization to technicians.

We support the improved resources for onboarding, license transfer ability, and strongly support the continued improvement of resources for onboarding, license transfer ability, and technician training resources.

Managing touchpoints/ancillary staffing

Again, the pharmacist on duty should have the ability to do what is necessary to keep patients safe with regard to keeping drive-through windows open, vaccine administration, etc. They need the authority to manage those situations at the point of care.

Working condition/security

Obviously, a pharmacy is more secure with multiple people working. We support the concept of a rule dealing with this, but again it needs to be carefully crafted for flexibility.

Limits on hours worked

Pharmacists working long hours, especially without breaks, are putting patients at risk. There should be a limit on the situation, with exceptions for emergencies. This topic is worthy of further discussion, and overall details with the issue. This is an important area of concern to our members, and we definitely support some limit on the number of hours worked in a 24 hour period. We would be happy to engage in discussions on this topic, and all others, as appropriate. We know these are challenging issues to provide regulation, but something must be done to alleviate the intense stress of pharmacists and technicians in Ohio.

Mandatory dark hours

Although this concept has strong potential, making it mandatory may cause more issues than needed. In some busy pharmacies, there's an absolute need for it, while slower pharmacies with automation may not need it. This is a worthy topic to be explored, but again we suggest caution in implementation.

Elimination of cold call list

We feel that the word elimination is too strong. Pharmacists should be allowed to utilize these lists, but also be able to prioritize patient care issues to supersede cold calls. This is an area that needs further discussion.

Staffing plan

A staffing plan is a reasonable expectation of any particular pharmacy. It is critical to give more power to the pharmacist on duty. A good example would be the Apple company, that empowers its employees to make decisions at the point of

sale. Pharmacists need the ability to staff, and be sure that they can accomplish the patient safety tasks needed. Sometimes it appears that the pharmacist on duty has been stripped of authority. Like a pilot on a plane, the pharmacist on duty should be the final decision maker on important issues of patient safety.

All the elements mentioned by the board to be taken into account on a staffing plan are reasonable.

Mandatory breaks and rest

We certainly support the idea that Pharmacists should not work extended hours without a break. The wording of an administrative rule needs to be carefully crafted so that various practice sites can be properly accommodated. An independent pharmacist with no other pharmacist may have a different need than a chain with multiple pharmacists on duty. We simply ask that there be flexibility.

Expansion of Pharmacists testing ability.

OPA strongly supports expanding Pharmacists ability to do testing for various diseases and conditions, and the expansion of prescribing for those conditions. Technicians should be allowed to assist the pharmacist in these efforts, but not be allowed to order or administer tests separate from the pharmacist.

Pharmacy benefit managers

The Board of Pharmacy should be given authority over matters that impact patient care. For instance, when a patient needs a particular drug that is not on formulary, the board of pharmacy should be able to impact those decisions. Patients should not be denied appropriate medication simply due to rebates and other financial incentives that are given to pharmacy benefit managers.

We would also recommend that the board of pharmacy offer a Committee of Pharmacists to advise the Department of Insurance on PBM issues. They've been charged with regulation, but do not have the expertise necessary to do it. A group perhaps appointed by the Governor with board input could assist in these important matters.

Unit of use packaging

Although it would be inappropriate to either legislate or regulate a mandatory move to unit of use packaging, it would greatly enhance the speed of filling prescriptions. We are the only country that does not dispense the majority of prescriptions in packaging similar to birth control. A university study showed a 50% increase in dispensing speed using this technology. Manufacturers would simply sell the drugs in this manner, improving patient safety, return to stock safety, and the ability to track and trace. Recalls would be simple, since the pharmacist would have everything needed to recall down to the lot number. The only legislative change needed would be to allow the pharmacist to dispense the nearest package size, and require the insurance companies to pay for that package size. Board action could be in the form of asking the legislature to adopt a resolution recommending that all pharmacies voluntarily change to unit of use packaging for patient safety reasons.

Again, drug manufacturers already provide this packaging to nearly every country in the world except the US. This is not a mandate, but a strong recommendation that would reduce time spent dispensing by the pharmacist and technician, allowing greater savings by all parties. Profitability is maintained in other countries, and I'm sure it can happen here.

We thank the board for the opportunity to comment on this critical issue.

Ernest Boyd

Ernest Boyd, Pharm.D (hon), MBA
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NACDS NATIONAL ASSOCIATION OF CHAIN DRUG STORES

July 7, 2022

Cameron J. McNamee
Director of Policy and Communications
State of Ohio Board of Pharmacy
77 South High Street, 17th Floor
Columbus, Ohio 43215
Submitted via Cameron.McNamee@pharmacy.ohio.gov

Re: Pharmacist Workload Advisory Committee Policy Options – Expanding the Role of Pharmacy Technicians to Perform Additional Nondiscretionary Functions; Policy Options 1, 7, 8 & 9

Dear Mr. McNamee,

On behalf of our members operating chain pharmacies in the state of Ohio, the National Association of Chain Drug Stores (NACDS) thanks the State of Ohio Board of Pharmacy (Board) for the opportunity to submit comments on the various policy options recommended by the Pharmacist Workload Advisory Committee (Committee). Importantly, the Committee has made various policy recommendations to more fully leverage the skills of pharmacy technicians to optimize care delivery for patients in pharmacies among other proposed strategies. ***NACDS agrees with the Committee's recommendations for expanded pharmacy technician functions and is writing in support of the Board pursing the statutory and regulatory changes necessary to effectuate the following policy changes:***

1. **Policy Option 1 – Expand pharmacy technician scope of practice to authorize pharmacy technicians to administer immunizations and vaccines that includes all approved ACIP-recommended vaccines for adults and children;**

2. **Policy Option 7 – Implementation of "Tech-Check-Tech" to authorize pharmacy technicians to perform product verification activities;**

3. **Policy Option 8 – Expand pharmacy technician scope of practice to authorize pharmacy technicians to order and administer diagnostics tests; and**

4. **Policy Option 9 – Expand pharmacy technician scope of practice to authorize pharmacy technicians to administer prescribed drugs.**

Empowering pharmacists to optimally deploy the skills of the pharmacy technician workforce is essential to continuing to meet increasing public demand for pharmacy care services, especially as the healthcare system evolves to further integrate pharmacists into the patient care team and the public increasingly is accessing healthcare services at community pharmacies. Accordingly, authorizing pharmacy technicians to perform the above listed nondiscretionary and technical tasks will help to provide pharmacists expanded opportunities for patient engagement and performance of activities requiring the unique, advanced expertise of pharmacists.

The COVID-19 pandemic has amplified the vital role that pharmacies play in delivering healthcare services to the public. More and more, people have come to rely on their local pharmacy for necessary care access, including for vaccines, testing services, health screenings, and other important clinical care. Meeting patient demand for these clinical

interventions while simultaneously meeting prescription dispensing needs for patients is greatly enhanced by the ability of each member of the pharmacy team to contribute at the top of their skills and training and to deploy care models that remove inefficiencies and focus the pharmacist on patient care activities. Leveraging pharmacy technicians to assist in performing nondiscretionary and technical tasks such as administration of vaccines and additional prescribed medications, ordering and administering diagnostic tests, and performing product verification (i.e "tech-check-tech") serves this important purpose, bolstering pharmacies' ability to meet patients' various and evolving healthcare needs.

***Policy Option 1* - Expand Technician Scope of Practice: Authorize the administration of immunizations and vaccines by pharmacy technicians that includes all approved ACIP-recommended vaccines for adults and children.**

Throughout the public health emergency, and even prior to it, pharmacy technicians have participated in the delivery of vaccine services to the American public. As authorized by the federal government under the Public Readiness and Emergency Preparedness Act (PREP Act), trained pharmacy technicians throughout the state are already administering vaccinations to the people of Ohio. Leveraging the full pharmacy team in the provision of immunizations has enhanced pharmacies' ability to play a central role in the nationwide effort to vaccinate priority populations, and the broader public to mitigate the spread of COVID-19 and other vaccine preventable diseases. In fact, recent data from the Centers for Disease Control and Prevention (CDC) indicate that as of June 23, 2022, pharmacy vaccinators have administered more than 256.3 million doses of the COVID-19 vaccine – and that number continues to grow.[1] An internal survey of NACDS members conducted in March 2022 found that up to 38% of all COVID-19 vaccine doses provided by pharmacies were administered by pharmacy technicians.[2]

The actions of the federal government have also empowered pharmacy vaccinators to provide enhanced access to routine childhood vaccines, a critically important service considering the rate of compliance with recommended childhood vaccines declined significantly in the early months of the pandemic.[3] Allowing pharmacy vaccinators to provide vaccinations to younger children has provided parents with an immediately accessible and convenient location for getting their children the recommended childhood vaccines. The importance of this access is reflected in recent CDC data: for children ages 5-11, pharmacy providers have administered 46.4% of all COVID-19 pediatric vaccine doses and 12.3% of pediatric seasonal influenza vaccines.[4]

Considering that pharmacy technicians have demonstrated their ability to safely and effectively assist pharmacists in administering vaccines as authorized under the federal PREP Act authorities, we urge the Board to permanently codify the ability of pharmacy technicians to administer ACIP recommended vaccines to adults and children to help ensure that pharmacies can continue to provide the level of patient care services that the public has come to expect from neighborhood pharmacies in recent times.

***Policy Option 7* - Tech-Check-Tech: Implementation of Tech-Check-Tech**

[1] https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html
[2] NACDS conducted a survey of their chain pharmacy membership via an established workgroup in late March 2022. The workgroup is comprised of more than 60 individuals representing about 30 chain pharmacy organizations. The purpose of the survey was to begin estimating pharmacies' impact in responding to the COVID-19 pandemic in topic areas where data was not readily available. The survey response rate was 40%.
[3] https://www.cdc.gov/mmwr/volumes/70/wr/mm7023a2.htm
[4] https://www.cdc.gov/mmwr/volumes/71/wr/mm7110a4.htm

The deployment of technician product verification ("tech-check-tech") allowances empower pharmacists to shift technical and nondiscretionary functions to pharmacy technicians and enhance pharmacists' ability to focus their expertise to provide patient care services. Findings from the recent Optimizing Care Demonstration Projects funded by NACDS illustrate the efficiency, safety and patient care benefits of this workload model:

NACDS Optimizing Care Program Overview: Technician Product Verification (TPV)	
State & Pilot Background	Results
Iowa[5] 18-month pilot began in 2014 and included 7 community pharmacies	• There was no significant difference in overall errors, patient safety errors, or administrative errors. • Pharmacists' time in dispensing significantly decreased (67.3% vs. 49.06%, P = 0.005), and time in direct patient care (19.96% vs. 34.72%, P = 0.003), increased significantly. • Total services significantly increased (2.88 vs. 5.16, P = 0.044).
Wisconsin[6] 3-year pilot began in 2016 and included 13 community pharmacies	• Pilot suggests the Optimizing Care Model maintained patient safety as the accuracy rate of pharmacists was 99.81% and the accuracy rate of technicians was 99.97%. • The ability to delegate the final product verification task may free up pharmacist time for increased direct patient care, such as medication management and immunizations.
Tennessee[7] 2-year pilot began in 2017 and includes 14 community pharmacies	• Total undetected error rates were significantly less in the Optimizing Care Model phase compared to the traditional model (0.063%; vs. 0.085%; p<0.001). • Overall, pharmacist time spent delivering patient care services increased significantly upon implementation of the Optimizing Care Model (25% vs. 43%; p<0.001), while time spent performing dispensing-related activities decreased significantly (63% vs. 37%; p=0.02).

Qualitative findings[8]
 	
14 semi-structured interviews of pharmacy techs, managers, and pharmacists directly involved with implementation of TPV in any one of the three states – Iowa, Wisconsin, or Tennessee.
	• Key themes identified include:
	  ○ Optimizing Care Model catalyzes patient care service delivery expansion in the community pharmacy setting
	  ○ Effectiveness is driven by "freed-up" pharmacist time compared with the traditional model
	  ○ The model positively affects roles and job satisfaction of pharmacy personnel
	  ○ Technician engagement and ownership have a strong impact on the success and ramifications of the model

[5] Andreski M, Myers M, Gainer K, Pudlo A. The Iowa new practice model: Advancing technician roles to increase pharmacists' time to provide patient care services. J Am Pharm Assoc. 2018;58,268 -274. Accessed at: https://doi.org/10.1016/j.japh.2018.02.005. Further TPV research has been conducted in Iowa on new prescriptions with similar findings. Results not yet published.

[6] Final analyses underway, but not yet published.

[7] Hohmeier KC, Garst A, Adkins L, Yu X, Desselle S, Cost M. The Optimizing Care Model: A Novel Community Pharmacy Approach to Enhance Patient Care Delivery by Leveraging the Technician Workforce through Technician Product Verification. Journal of the American Pharmacists Association. July 2019. https://www.japha.org/article/S1544-3191(19)30347-4/fulltext These preliminary results will be supplemented with a full analysis once the pilot concludes later this year.

[8] Hohmeier, Kenneth C. et al. Exploring the implementation of a novel optimizing care model in the community pharmacy setting. Journal of the American Pharmacists Association, Volume 59, Issue 3, 310 - 318

Recognizing the numerous benefits of allowing for technician product verification, many states have acted to allow for this enhanced practice model. Specifically, Alaska, Arizona, Colorado, Idaho, Iowa, Illinois, North Dakota, Oregon, South Dakota, Tennessee, West Virginia and Wisconsin allow pharmacy technicians to check the work of other pharmacy technicians and provide final verification for prepared prescriptions either under enacted laws or regulations, or under ongoing pilot programs. We note in recommending Policy Option 7 for tech-check-tech, the Committee discussed that Iowa as being the "gold standard" for having implemented technology-assisted technician product verification programs. NACDS agrees that Iowa's allowances for technician product verification is generally a good approach for the state of Ohio to follow in pursuing the statutory changes to facilitate allowances for tech-check-tech.

> ***Policy Option 8** - Expand Technician Scope of Practice – Order and Administration of Diagnostics Tests: 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).*

As accessible neighborhood health care destinations, many community pharmacies provide critical, quality testing services to the communities they serve. During the COVID-19 pandemic, the availability of these services at community pharmacies helped to quickly and safely connect the public – including medically underserved, rural, and urban communities – with needed testing services. Pharmacies' ability to serve the public in this way has been enhanced by the federal PREP Act authorities allowing pharmacy technicians to administer COVID-19 testing.

The experience of leveraging pharmacy technicians to assist with the provision of pharmacy testing services in recent years demonstrates the safety, effectiveness and benefits of doing so. We commend policymakers in Ohio for having previously acted to authorize pharmacy technicians to administer diagnostic and antibody COVID-19 tests under OAC 4729.42. In line with the Committee's recommendation, NACDS urges the Board to seek further statutory changes to expand the types of diagnostic tests that pharmacy personnel can order and administer to include all CLIA-waived tests. Doing so would expand further patient access to important testing services that are commonly offered in community pharmacies in many other states.

> ***Policy Option 9** - Expand Technician Scope of Practice – Drug Administration: 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).*

Just as pharmacy technicians should be authorized to administer vaccines, so should pharmacy technicians be allowed to administer other medications. In both cases, administration of a drug – whether that be a vaccine or some other medication – is a technical act that the experiences of the pandemic demonstrate can be safely and effectively performed by a pharmacy technician. Furthermore, authorizing pharmacy technicians to perform this function will enhance pharmacists' ability to spend more time providing care to patients who rely on pharmacies for prescription drug administration services. Thus, NACDS encourages the Board to seek the statutory change needed to allow pharmacy technicians to administer drugs.

In conclusion. With community pharmacies serving patients in new and enhanced ways and patients having become accustomed to receiving more essential healthcare services from their neighborhood pharmacies, the ability of pharmacy technicians to perform nondiscretionary and technical acts is crucial. Accordingly, we commend the Committee for recognizing the importance of leveraging pharmacy technicians for this purpose in the various policy recommendations discussed above. NACDS thanks you for the opportunity to share our perspectives on these important topics. For questions or further discussion, please contact NACDS' Jill McCormack, Regional Director, State Government Affairs, at jmccormack@nacds.org or 717-525-8962.

Sincerely,

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
National Association of Chain Drug Stores

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NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' over 80 chain member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.