

September 25, 2018

Mr. John Clay Kirtley
Executive Director
Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

By Email: asbp@arkansas.gov

RE: Proposed Changes to Regulation 7- Drug Products/Prescriptions: Section 07-00-0002- Prescription Transfers

Dear Mr. Kirtley:

On behalf of the 381 chain pharmacies operating in the states of Arkansas, the National Association of Chain Drug Stores (NACDS) is writing to express our concern regarding the Arkansas State Board of Pharmacy (BOP) proposed changes to Regulation 7 regarding prescription transfers.

NACDS and its members continue to support the BOP's efforts to promote the use of electronic means to transmit prescription info electronically as the use of this technology will improve safety and security in the prescribing process. Furthermore, NACDS and its members also appreciate the BOPs revisions to the proposed rules that remove the unduly burdensome and unnecessary provisions that required the receiving pharmacy to validate by phone receipt of all necessary information as this requirement added no value or safety to the patient and would further delay patient access to needed medications.

NACDS supports policies that utilize an enhanced technician role to improve access to patient care services. By allowing pharmacy technicians to be involved in the prescription transfer process, Arkansas will join other states that permit this activity for certified technicians. We believe that requiring a pharmacist to be involved in the transfer of prescriptions is unnecessary. The transfer of prescriptions is a non-judgmental task. Requiring pharmacists to be involved in the prescription transfer process creates distractions and increases the number of interruptions that interfere or prohibit pharmacists from performing their clinical duties. Every interruption or distraction increases the potential for a prescription error. Allowing technicians and interns to alleviate some of these distractions may prevent errors and provide the pharmacist additional time to perform patient care services.

In addition, it is important to note that the National Association of Boards of Pharmacy (NABP) Model Act recommends certified technicians to transfer prescriptions (with no requirement for a pharmacist to be involved)¹. Furthermore, Intern to Intern and Technician to Technician transfers has been demonstrated in

¹ Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy Article I Title, Purpose, and Definitions. Section 105. Definitions.

(r) "Certified Pharmacy Technician" means personnel registered with the Board who have completed a certification program approved by the Board and may, under the supervision of a Pharmacist, perform certain activities involved in the Practice of Pharmacy, such as receiving new Prescription Drug Orders; prescription transfer; and Compounding but excluding Drug Regimen Review; clinical conflict resolution; prescriber contact concerning Prescription Drug Order clarification or therapy modification; Patient Counseling; and Dispensing process validation.

(ddddd) "Pharmacy Technician" means personnel registered with the Board who may, under the supervision of the pharmacist, assist in the pharmacy and perform such functions as assisting in the Dispensing process; processing of medical coverage claims; stocking of medications; cashiering but excluding Drug Regimen Review; clinical conflict resolution; prescriber contact concerning Prescription Drug Order clarification or therapy modification; Patient Counseling; Dispensing process validation; prescription transfer; and receipt of new Prescription Drug Orders.

other states and some for many years with no widespread concerns from these boards that patient safety was at risk. To that end, we would recommend allowing the pharmacist on duty the ability to delegate this task to appropriately trained/qualified individuals and therefore propose the following recommendation to subparagraph (a)(1):

The transfer is communicated directly between two licensed or registered individuals where one of the two must be a pharmacist and the transferring individual's pharmacist records the following information

NACDS strongly believes appropriately trained pharmacy technicians will be a vital resource to pharmacists as they strive to meet greater patient needs. In general, state laws and regulations do not delineate specific tasks pharmacy technicians may perform. Instead, they identify limitations for the duties performed by pharmacy technicians and allow pharmacists to determine what duties may be performed by technicians within those limitations.

In general, state laws and regulations do not delineate specific tasks pharmacy technicians may perform. Instead, they identify limitations for the duties performed by pharmacy technicians and allow pharmacists to determine what duties may be performed by technicians within those limitations. Current statistics reveal that pharmacists across practice settings are spending nearly 30% of their workday performing technician level duties.² NACDS strongly supports pharmacists practicing at the top of their license and correspondingly within their clinical ability, which in turn leads to optimal patient care and improved health outcomes.

When considering an enhanced role for pharmacy technicians in collaborative health settings, it is also important to consider the number of duties that can be reasonably delegated to technicians that will provide medication dispensing support to pharmacists. As such, where appropriate, NACDS supports policies that enhance pharmacy technician duties in the following areas and encourage the BOP to further consider expanding these duties for inclusion in the proposed rule.

Medication dispensing: It has been suggested that some pharmacist duties related to medication dispensing can be delegated to pharmacy technicians, thus allowing pharmacists to devote more time to patient care. The following tasks are related to medication dispensing and can be performed by a technician:

- **Accepting a verbal prescription:** Allows the technician to accept a verbal prescription over the phone. Currently, 15 states permit this activity for certified technicians.³
- **Transferring a prescription:** Allows the technician to transfer a patient's prescription to another pharmacy. Currently, 13 states permit this activity for certified technicians.⁴
- **Consulting with a prescriber for clarifications:** It has been suggested that when information on a prescription is incomplete, a pharmacy technician can contact the prescriber and appropriately obtain the needed information. However, if the inquiry regarding the missing information requires the professional judgment of a pharmacist, then the pharmacist would contact the prescriber. Currently, six states permit this activity for certified technicians.⁵
- **Final verification of a prescription:** A new optimizing care practice model is emerging that allows technicians to verify the accuracy of another technician and eliminate the final verification by a

² Midwest Pharmacy Workforce Research Consortium, *2014 National Pharmacist Workforce Survey*, pg. 62, April 8, 2015.

³ Currently allowed in ID, IL, IA, LA, MA, ME, MI, MO, NH, NC, ND, PR, RI, SC, TN, and WI. National Association of Boards of Pharmacy, *Survey of Pharmacy Law*, 2017, pp. 48.

⁴ Currently allowed in AZ, ID, IL, IA, MA, MI, MO, NC, ND, PR, RI, SC, TN, and WY. *Id.* at 49.

⁵ Currently allowed in DE, IL, ID, IA, MI and SD.

pharmacist. Currently, this task is only allowed in the community setting in North Dakota and Idaho.⁶ North Dakota allows the preparation of a prescription or order for dispensing or administration to be performed by one registered pharmacy technician and verified by another registered pharmacy technician working in the same licensed pharmacy, under specific conditions.⁷ In Idaho, a certified technician may perform final verification on prescription drug orders that have previously undergone prospective drug review by a pharmacist.⁸

- *Checking the Prescription Monitoring Program (PMP)*: Technicians should be allowed to initiate a check of the PMP, but not be allowed to make decisions on whether a medication should be dispensed based on the findings in the PMP report. Technicians are currently allowed to check the PMP in Maine and Idaho.⁹

As pharmacists and the patient care services they provide become more comprehensively integrated into the healthcare system, pharmacists will need additional support from pharmacy technicians. NACDS supports policies that allow pharmacists to use their professional judgment to supervise technicians in an effective and safe manner and advocate for the enhancement of pharmacy technician duties.

We appreciate the opportunity to provide these comments to the Board. We believe that pharmacy technicians practicing in the community setting play a crucial role in patient care and they are trained to assist pharmacists in prescription transfers as well as in providing patients with high quality healthcare services. We look forward to working with the Board on these very important issues. If you have any questions or concerns, please feel free to contact me at 817-442-1155 or at mstaples@nacds.org.

Sincerely,



Mary Staples
Director, State Government Affairs

⁶ National Association of Boards of Pharmacy, *Survey of Pharmacy Law*, 2017, pg. 44. Currently allowed in 15 states for institutional settings (CA, CO, ID, IA, KS, KY, MI, MT, NC, ND, OR, SC, TX, and WA).

⁷ North Dakota Administrative Code, Section 61-02-07.1-12. Conditions require that: there are policies and procedures outlining pharmacy technician scope of practice, including training for the specific activity and appropriate recordkeeping; the pharmacy has a continuous quality improvement system in place to periodically verify the accuracy of the final product; any error must trigger pharmacist review of the process; the pharmacy has a system in place to review all quality related events and errors recorded and takes corrective action based on the information to reduce quality related events and eliminate errors reaching the patient; and the pharmacist-in-charge and permit holder are jointly responsible for the final product dispensed or released for administration from the pharmacy.

⁸ Rules of the Idaho State Board of Pharmacy, 27.01.01.410

⁹ Idaho Statute, Title 37, Article III, Section 2726 (12). In Idaho, House Bill 374 was recently signed into law allowing technicians to check the PMP as a delegate of the supervising pharmacist as of July 1, 2016. The law provides practitioners with a new tool to streamline access to the PMP and allows for the designation of up to four delegates to access the PMP on their behalf. The bill amends the existing definition of "delegate" to include a registered pharmacy technician. A delegate may access information to the extent the information relates specifically to a current patient to whom the practitioner is prescribing or considering prescribing any controlled substance. Presently, regulations have not been proposed to implement this change in the law.