



NATIONAL ASSOCIATION OF  
CHAIN DRUG STORES

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Via email: [ditschmana@michigan.gov](mailto:ditschmana@michigan.gov)

**Re: Proposed Rule – 11.6.19 Draft Language - Pharmacy Technicians**

Ms. Ditschman and Members of the Board of Pharmacy Rules Committee Work Group:

NACDS greatly appreciates the Michigan Board of Pharmacy's (the Board's) pioneering directive to broadly advance patient care and pharmacy practice through proposed rules that elevate the role of pharmacy technicians. NACDS especially applauds the Board's efforts to embrace technology and maximize the skills of all pharmacy team members, ultimately enhancing the ability of pharmacists to improve patient care, safety, outcomes, and access. We thank the Board for considering our comments and perspective.

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate 1,783 pharmacies in Michigan, employing 81,521 people. Nationally, 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 157,000 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](http://nacds.org).

**A. Leveraging All Pharmacy Team Members to Improve Care and Meet Increasing Demands**

In the context of an aging population with increased chronic disease prevalence and medication use, and a looming physician shortage, community pharmacists are well-positioned and trained to deliver a wide range of relevant care services to help fill gaps, improve care coordination, and complement the care delivered by others across the continuum – all while maintaining the opportunity to dispense medications. However, the extent to which a pharmacist can engage in direct patient care activities and meet dynamic needs, depends heavily upon whether non-judgmental tasks can be delegated from a pharmacist to pharmacy technicians. Innovative workflow models and the smarter use of pharmacy technicians to perform a comprehensive assortment of administrative, nondiscretionary tasks are integral to better supporting pharmacists to maximize their ability and refocus their time as they aim to best meet the needs of patients by delivering patient care services based on their use of clinical judgement. For Michigan

pharmacies to best balance and meet the dynamic needs of patients in today's evolving healthcare environment, community pharmacists must be able to better deploy, maximize, and leverage their most valuable resource – the team behind the counter – inclusive of pharmacists and pharmacy technicians.

Based on data from a high-risk Medicaid population, patients visit pharmacies ten times more frequently than they see other healthcare providers, meaning pharmacists are ideally positioned to fill gaps in patient care and support the healthcare team.<sup>1</sup> Given their accessibility and expertise, pharmacists are often cited as a seriously underutilized asset to improve health and care experiences for patients and reduce healthcare costs. Healthcare researchers, thought leaders and policymakers more and more are advocating for pharmacist-provided clinical patient care as one strategy to advance the "Triple Aim."<sup>2</sup> However, if community pharmacists are under undue strain and pressure based on current responsibilities and demands, opportunities to evolve clinical community pharmacy practice as part of the value transformation of healthcare may remain largely out of grasp. This is not only disadvantageous for the viability and advancement of the pharmacy profession; it is harmful for patient health and the efficiency of our healthcare system based a myriad of evidence. By shifting the roles of pharmacy technicians to better support pharmacists, we can move the dial toward solving this problem.

Compelling scientific research continually supports the value of community pharmacists to improve healthcare outcomes and reduce preventable downstream costs by providing clinical care such as preventive interventions, chronic disease management, and medication optimization. Pharmacists also provide tremendous value across the healthcare continuum, including as an accessible clinical healthcare provider and a dispenser of medications and related information such as adherence strategies, proper use, contraindications, interactions, side effects, storage, disposal, and more. Therefore, as the healthcare landscape continues to evolve, increasing demands and strain on the whole continuum, the pharmacy team must be leveraged and maximized to their highest ability in order to optimally provide care to patients. Therefore, NACDS supports the empowerment of pharmacists to delegate any non-discretionary task to pharmacy technicians to yield the greatest impact on pharmacist-provided patient care and to meaningfully reduce undue strain on pharmacy personnel.

NACDS applauds the Board for proposing the ability of pharmacy technicians to perform technology-assisted verification, which is supported by longstanding research across multiple states and practice

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<sup>1</sup> Hemberg N, Huggins D, et al. Innovative Community Pharmacy Practice Models in North Carolina. North Carolina Medical Journal. June 2017. <http://www.ncmedicaljournal.com/content/78/3/198.full>

<sup>2</sup> The Institute for Healthcare Improvement (IHI) defines the Triple Aim as a framework to describe an approach to optimizing health system performance, with the belief that new designs must be developed to simultaneously pursue three dimensions: improving patient experience (quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare.

<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx#targetText=The%20IHI%20Triple%20Aim%20is,to%20optimizing%20health%20system%20performance.&targetText=Improving%20the%20patient%20experience%20of,capita%20cost%20of%20health%20care.>

settings, including the community pharmacy setting.<sup>3</sup> As such, NACDS strongly supports the proposed rule – R 338.3665, as this model has been shown to better support pharmacists to provide care.

## **B. Recommended Modifications to 11.6.19 Draft Language – Pharmacy Technicians**

Given NACDS' experience underwriting and supervising technician product verification pilots across three states, (NACDS Optimizing Care Program),<sup>4</sup> we strongly support the proposed rules authorizing and expanding the use of this innovative model to advance pharmacy care. We appreciate the opportunity to offer recommendations and clarifications to ensure the feasibility and utility of this exciting opportunity for pharmacy care in Michigan.<sup>5</sup> Our recommendations seek to ensure Michigan pharmacies are best able

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<sup>3</sup> Tarver SA, Palacios J, Hall R, et al. Implementing a tech-check-tech program at a university health system. *Hosp Pharm.* 2017; 52:280–5. 39.

Hickman L, Poole SG, Hopkins RE, et al. Comparing the accuracy of medication order verification between pharmacists and a tech-check-tech model: A prospective randomized observational study. *Res Social Adm Pharm.* 2017;(15). pii: S1551-7411(17)30695-2.

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Gmerek AM, Ashby DM. Technicians checking technicians: an evaluative study examining the expanded role of the pharmacy technician. Presented at ASHP Midyear Clinical Meeting. Las Vegas, NV; 1990 Dec 5.

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Pharmacy Technician Role Expansion - An Evidence-based Position Paper. 2019.

<https://www.nacds.org/pdfs/pharmacy/2018/technician-talkingpoints.pdf>

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>.

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](https://www.japha.org/article/S1544-3191(19)30347-4/fulltext) 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. [https://www.japha.org/article/S1544-3191\(19\)30076-7/abstract](https://www.japha.org/article/S1544-3191(19)30076-7/abstract)

<sup>4</sup> Please visit [nacds.org/optimizing-care](https://www.nacds.org/optimizing-care) for more information.

<sup>5</sup> [Pharmacy Technicians Rules 11.6.19.doc](#)

to leverage opportunities for pharmacy technicians to better support pharmacists, with the best potential to yield meaningful improvements to patient care, and without unnecessary administrative burden.

NACDS recommends modifications to the 11.6.19 pharmacy technician draft rule language as follows:

**1. NACDS recommends the Board remove the currently proposed requirement for employer-based technician training programs to receive accreditation from an accredited body recognized by the U.S Department of Education, given lack of evidence to support the value of this additional and unwarranted burden.**

While NACDS strongly supports technicians being appropriately trained for assigned tasks, we believe that pharmacy technician employers are in the best position to decide what is necessary for their technician workforce in any particular pharmacy setting. In developing programs that best fit the needs of pharmacy practice sites, NACDS strongly recommends the removal of the proposed requirement for accreditation of employer-based technician training programs, as there is no evidence to support that accredited technician training programs yield more favorable results. Such a requirement would force employers to seek accreditation, in addition to board approval, for programs and examinations that already undergo internal tests for validity and strength. Employers develop and utilize robust pharmacy technician training programs which prioritize patient safety and quality assurance. Therefore, accreditation requirements increase administrative burden for pharmacies without clear evidence these burdens are warranted through improved value or outcomes of accredited training. Placing unnecessary burden on pharmacies without benefit for public safety or the profession is fruitless and undermines the ability for pharmacies to provide better care to patients. As such, NACDS urges the Board to strike the following:

R 338.3654: Examination requirements; Passing Score; Application Process.

(3) Beginning July 1, 2022 an employer-based training program proficiency examination must be offered in association with a specific employer-based training program, ~~meet the accreditation standards of the accrediting body that accredited the program under R 338.3655~~

338.3655 Approved pharmacy technician programs.

Rule 5. (1) ~~Beginning July 1, 2022, a pharmacy technician program, including employer-based training programs shall be accredited by an accrediting body recognized by the U.S. Department of Education. A pharmacy technician program that is accredited by a body recognized by the U.S. Department of Education is approved by the board after submittal of a complete application on a form provided by the department, to the department with proof of accreditation.~~

**2. NACDS recommends the Board remove the confusing mention of “certification” related to technology-assisted verification**

NACDS strongly supports technicians being appropriately trained for assigned tasks, and we applaud the Board for acknowledging the value of employer-based training programs and work experience to

successfully prepare pharmacy technicians to perform technology-assisted product verification. Given multiple examples across states pointing to the success of a variety of training programs and on-the-job training, we also greatly appreciate the Board modifying earlier versions of the rule which only acknowledged one particular examination/program. However, as written, the proposed language still contains a confusing mention of “certification,” which would place undue burden on technicians and pharmacies looking to expand and innovate their pharmacy care delivery model through the use of technology-assisted product verification. Further, research supports both certified and non-certified technicians safely performing technician product verification, with and without the use of technology to assist. NACDS supports all pharmacy technicians performing all non-discretionary tasks with training that is commensurate with the particular task, and research indicates a variety of training programs have successfully prepared pharmacy technicians to safely perform product verification. Because certification is not required for pharmacy technicians in Michigan based on the acknowledgement of employer-based technician training programs, NACDS believes it is critically important to make the following clarification to ensure pharmacies in Michigan can leverage technology-assisted verification to meaningfully improve patient care:

R 338.3665 Performance of activities and functions; delegation.

Rule 15. In addition to performing the functions described in section 17739(1) of the code, MCL 333.17739(1), a licensed pharmacy technician may also engage in ~~reconstituting dosage forms as defined in 17702(4) of the code, MCL 333.17702(4)~~ the following tasks, under the delegation and supervision of a licensed pharmacist:

- (a) Reconstituting dosage forms, as defined in 17702(4) of the code, MCL 333.17702.
- (b) Technology-assisted product verification, subject to all of the following requirements:
  - (viii) A pharmacist using their professional judgment may choose to delegate technology-assisted product verification after ensuring pharmacy technicians have completed and documented relevant **licensure and experience, as outlined by this section-education, and certification.**

**3. NACDS recommends the Board update the training program requirements specified in section 17739a(1)(d)(iv) of the Code, MCL 333.17739a<sup>6</sup> to accommodate new opportunity for technology-assisted verification.**

If proposed rules for technology-assisted verification become final, NACDS recommends the Board update the required topics for employer-based training programs to reflect this new opportunity and improve clarity of permissible duties for pharmacy technicians. We recommend the following strike:

Public Health Code - Act 368 of 1978 333.17739a Pharmacy technician; licensure; requirements; exemption from certain requirements. Sec. 17739a.

(1) Subject to subsection (2), the department may license an individual who meets all of the following requirements as a pharmacy technician under this part:

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<sup>6</sup> [http://www.legislature.mi.gov/\(S\(yzaogpasgfw3xs11u5eno0ha\)\)/mileg.aspx?page=getObject&objectName=mcl-333-17739a](http://www.legislature.mi.gov/(S(yzaogpasgfw3xs11u5eno0ha))/mileg.aspx?page=getObject&objectName=mcl-333-17739a)

(d) Except as otherwise provided in subsection (4), passes and submits proof to the department of passage of any of the following:

(iv) An employer-based training program examination that is approved by the board and covers job descriptions, pharmacy security, commonly used medical abbreviations, routes of administration, product selection, ~~final check by pharmacists~~, guidelines for the use of pharmacy technicians, pharmacy terminology, basic drug information, basic calculations, quality control procedures, state and federal laws and regulations regarding pharmacy technician duties, pharmacist duties, pharmacy intern duties, prescription or drug order processing procedures, drug record-keeping requirements, patient confidentiality, and pharmacy security and drug storage.

## Conclusion

Given escalating imperative to improve quality and transform healthcare delivery across the United States, community pharmacists are increasingly providing direct, clinical patient care in accessible neighborhood pharmacy locations across the country, while balancing the vital privilege and responsibility of conveniently and safely dispensing medications. By expanding the opportunity for pharmacists to delegate technology-assisted product verification to technicians, the Board is truly driving innovation and collaboration to maximize and empower pharmacies across the state to enhance patient safety, care, outcomes, and access. NACDS applauds the Board's work so far and urges the Board to implement the modifications and clarifications as mentioned to ensure meaningful impacts for patient care and pharmacy practice. We greatly appreciate the Board's consideration of our comments and would be happy to engage further on this topic. If you have questions, please contact NACDS' Joel Kurzman at [jkurzman@nacds.org](mailto:jkurzman@nacds.org) or 847-905-0555.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven C. Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Steven C. Anderson, IOM, CAE  
President and Chief Executive Officer