



**STATE BOARD OF PHARMACY  
DEPARTMENT OF CONSUMER AFFAIRS  
LICENSING COMMITTEE  
PHARMACY TECHNICIAN SUMMIT  
MINUTES**

**DATE:** April 4, 2017

**LOCATION:** Department of Consumer Affairs (DCA) Headquarters  
First Floor Hearing Room  
1625 North Market Blvd.  
Sacramento, CA 95834

**COMMITTEE MEMBERS PRESENT:** Stanley Weisser, Chairperson, Licensee Member  
Debbie Veale, Vice Chairperson, Licensee Member  
Albert Wong, Pharm D, Licensee Member  
Lavanza Butler, Licensee Member  
Ricardo Sanchez, Public Member

**STAFF MEMBERS PRESENT:** Virginia Herold, Executive Officer  
Anne Sodergren, Assistant Executive Officer  
Laura Freedman, DCA Staff Counsel

**1. Call to Order and Establishment of Quorum**

Chairperson Weisser called the meeting to order at 9:07 a.m. Roll call was taken with the following members present: Stan Weisser, Debbie Veale, Lavanza Butler, Ricardo Sanchez and Albert Wong.

**2. Public Comment for Items Not on the Agenda, Matters for Future Meetings\***

*\*(Note: the committee may not discuss or take action on any matter raised during the public comment section that is not included on this agenda, except to decide to place the matter on the agenda of a future meeting. Government Code Sections 11125 and 11125.7(a))*

A member of the public requested clarification of Business and Professions Code (BPC) section 4115.5 (Pharmacy Technician Trainee; Placement; Supervision; Requirements), specifically as it pertains to a pharmacy technician trainee, an individual enrolled in a program that is not licensed. Some such individuals are limited in their ability to participate in externships at various practice settings. Public comment noted the challenges in placing individuals desiring additional experiential training in

additional practice settings once they have been issued a license, noting that pharmacy technician to pharmacist ratios then become a factor. The commenter noted that some individuals going through pharmacy technician training programs are having some challenges completing the training requirements within the 12 months currently specified as a condition for a pharmacy technician trainee because many community college programs are on a semester system.

Chairperson Stan Weisser noted both items will be included on the agenda for a future meeting.

### **3. Overview of the Pharmacy Technician Application and Renewal Requirements for Licensure**

Chairperson Weisser provided an overview of the pharmacy technician application and renewal requirements. Specifically, Mr. Weisser reminded the committee that the application requirements include the application and fee; fingerprint background check; query from the National Practitioner Data Bank; and a description of the qualifications and supporting documents. Chairperson Weisser reminded the committee that the acceptable qualifications included either completion of a technician training program, certification from a specified program (currently either PTCB or ExCPT) or an associate degree in pharmacy technology. Chairperson Weisser noted that currently only a fee is required for renewal.

Chairperson Weisser reminded the committee of two pending regulations that also impact pharmacy technicians, the first regarding changes to the renewal requirement to require a pharmacy technician to self-disclose convictions or disciplinary action. Chairperson Weisser provided a general description of the second pending regulation that relates to application requirements, including updating the application form as well as increasing the requirements for specified pharmacy technician training programs.

The committee noted that one of the pathways to licensure is certification as a pharmacy technician, but under current law, there is no requirement for the certification to be maintained. Members of the committee noted that there should be some sort of mechanism where pharmacy technicians can expand their education and they questioned if continuing education (CE) should be required as a condition of renewal. The committee discussed the possibility of developing a survey to elicit feedback from pharmacy technicians on the issue of continuing education that could be used if public comment during the meeting did not address the issue.

Marian Mobley-Smith, director of strategic alliances, Pharmacy Technician Certification Board (PTCB), was invited to comment on whether states require certification as a condition of the pharmacy technician license. Dr. Mobley-Smith explained that in some states, CE requirements for pharmacy technician licensure renewal mimic PTCB certification requirements. The committee discussed maintenance of a license versus maintaining certification. Dr. Mobley-Smith explained that 20 hours of CE are required for PTCB certification every two years. She said that individual state requirements vary but added that many states align with the current PTCB requirements. Dr. Mobley-Smith estimated that 75 percent to 80 percent of PTCB members maintain their certification. When queried about the number of technicians that maintain their certification as a condition of employment versus

a licensing renewal requirement, Ms. Mobley-Smith said she could check to see if PTCB has information but indicated she is aware of at least one large employer that requires maintenance of the certification as a condition of employment.

When queried about the cost impact to individuals wishing to complete continuing education, she explained that the availability of CE is vast both online and in print, including free and low-cost courses. Dr. Mobley-Smith spoke about the importance of completing continuing education that is related to functions of a pharmacy technician (referred to as a “T accredited”). She noted that nationally there are a number of organizations that offer such accredited CE, and the availability continues to grow. Dr. Mobley explained the route by which someone could seek approval of a CE course that is not otherwise accredited. The committee questioned if PTCB would consider CE as a condition of renewal a hurdle, and the committee was advised that PTCB would not consider it a hurdle given the availability of courses available many of which can be done online at low or no costs. Ms. Herold asked about employer based continuing education and was advised that the PTCB no longer accepts employer based training for purposes of fulfilling the CE requirement as it generally fails to have specified parameters in line with accreditation standards. However Dr. Mobley-Smith noted that this prohibition would not extend to an employer that partners with an accredited provider to provide the CE.

Chairman Weisser inquired about the availability of continuing education courses that may be available for pharmacy technicians that work in either a compounding pharmacy or acute care setting and was advised that there is not the same level of availability for those types of courses. Dr. Mobley-Smith noted that as states grapple with identifying expanded roles for pharmacy technicians, such changes need to be accompanied by commensurate training opportunities so technicians can take advantage of the new and expanded roles. Development of such training opportunities is needed. When queried about types of specialized courses for pharmacy technicians, the committee was advised that such could be in the area of compounding, pharmacy informatics, etc.

The committee heard from Loriann De Martini, California Society of Health-System Pharmacists (CSHP), along with Jeannie Le and Paul Sabitini, pharmacy technician leaders within CSHP. Dr. DeMartini noted that evaluation of pharmacy technician roles is long overdue, noting some of the areas where pharmacy technicians engage in health care including as part of the medication reconciliation process. She noted that there is greater interface with patient care and pharmacy technicians than in the past. The committee inquired if CSHP had comments specific to consideration of continuing education as a condition of renewal for pharmacy technicians. Dr. De Martini explained that CE is offered by CSHP during an annual seminar and noted that the seminar planning committee includes a pharmacy technician member. The committee was advised that as part of the course objectives for CE offered during the annual seminar, presenters need to ensure learning objectives are specified and met for both pharmacists and pharmacy technicians as a condition of the course accreditation. When queried about the cost of such courses, the committee was advised that four-day admittance to the meeting would be \$240 and an estimated 20 to 25 hours of CE courses are designated as technician appropriate. The speakers concurred that CE is encouraged among CSHP members and noted that individuals seem to demonstrate a level of confidence once certification is obtained because of the accomplishment of achieving the certification.

Steve Norris advised the committee that pharmacy technicians at his employer are provided access to free continuing education. When queried about how technicians are classified within his organization, the committee was advised that an entry-level pharmacy technician would be similar to a technician in a community pharmacy; a mid-level pharmacy technician would most likely be akin to a technician working in an inpatient setting working with acute patients and other health care providers; and the highest level of technicians perform some administrative work and are required to be certified as a condition of employment.

**4. Overview, Discussion and Consideration of Possible Changes to Duties Performed by a Pharmacy Technician in the Following Settings:**

**a. Pharmacy Technician Duties in a Traditional Community Pharmacy Setting**

Chairperson Weisser summarized relevant laws and provided a description of pharmacy technician duties. Specifically Chairman Weisser noted that BPC section 4038 defines a pharmacy technician as an individual who assists a pharmacist in a pharmacy in the performance of his or her related duties; BPC section 4415 specifies that a pharmacist technician can perform packaging, manipulative, repetitive or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of a pharmacist; and CCR section 1793.2 further specifies the allowable duties that performed by a pharmacy technician in most pharmacy setting. Mr. Weisser listed the allowable duties that may be performed by a pharmacy technician as removing the drug or drugs from stock; counting, pouring, or mixing pharmaceuticals; placing the product into a container; affixing the label or labels to the container; packaging; and repackaging

Chairperson Weisser reminded the committee of its discussion in June 2016, when the committee heard that tasks performed by pharmacy technicians vary nationwide. For example, in Alabama pharmacy technicians may not have controlled substances. In Utah, in addition to duties consistent with pharmacy technician duties in California, pharmacy technicians may also counsel for over the counter drugs and dietary supplements under the direct supervision of a pharmacist as well as accept new prescription drug orders left on a voice-mail for pharmacist review. In Alaska, if a pharmacy technician will assist in the preparation of sterile pharmaceuticals, the technician must have completed 40 hours of on-the-job training in the preparation, sterilization, aseptic technique, and admixture of parenteral and other sterile pharmaceuticals. The committee noted that the regulations (CCR section 1793.2 Duties of a Pharmacy Technician) have remained essentially unchanged. Mr. Weisser stated that the discussion should consider various types of responsibilities in different settings to support a pharmacist and asked to hear from the public on any suggested changes.

The committee noted the need to look to the future when discussing pharmacy technician responsibilities because there have been significant changes in complexity, demand and requirements in the industry. The committee considered if expanding pharmacy technician duties to include more responsibilities while under the supervision of a pharmacist would allow pharmacists to provide more patient care services, including drug utilization review, patient profile review and patient consultation. The committee added that changes to the pharmacy technician duties could allow for pharmacists to practice at a higher level without having to change existing regulations for the pharmacist.

The committee discussed the possibility of establishing a supervising pharmacy technician and whether it would be appropriate to allow such an individual to verify prescription refills filled by a pharmacy technician or verify the work of a clerk typist. The committee noted that these duties are allowable in Utah.

The committee noted that pharmacy technician standards need to be higher if duties and responsibilities are increased and indicated that such standards should include an education component. The committee noted the need to balance the board's regulation versus what should be left to the employer to determine the duties of a pharmacy technician as well as the standards that must be met. Staff noted that the board has taken different approaches to meeting a balance. For example, with the advanced practice pharmacist license, the policy approach was to only allow an individual to perform the expanded duties if an additional license was secured. However, the board's approach with compounding was not to require a special license for a pharmacist or pharmacy technician, but rather, as related to specifically the training portion, establish the training requirement that must be met prior to performing functions. (In such a case a separate license for the individual is not currently required.)

Ms. Herold recommended that the board reinforce its expectations of pharmacist to consult and oversee the process, and outline those expectations through policy.

The committee and public both noted the changes in law that have expanded duties of pharmacists. The committee was advised that discussions are occurring on the national level both regarding expanding the duties of a pharmacist as well as the duties of pharmacy technicians.

The committee was advised that in Idaho pharmacy technician duties have expanded to include authorization to take new orders from a physician; transfer and clarify prescriptions; immunize; extend pharmacy hours to include time when a pharmacist is not physically present in the pharmacy but is available via tele-pharmacy; perform CLIA (Clinical Laboratory Improvement Amendments of 1988) waived tests; and perform tech-check-tech duties. It was explained that Idaho has three levels of licensure (some levels requiring additional education); recently, Idaho changed its requirements and now pharmacy technicians must become nationally certified within three years of licensure and that such certification must be maintained once received.

The board inquired about the number of pharmacy technicians in Idaho and was advised that while it was estimated to be about 2,500, the population was nearly double that prior to the certification requirement and that the drop was due in part to part-time pharmacy technicians not pursuing certification. The committee was advised that existing Idaho pharmacy technicians were grandfathered in and that these technicians cannot perform the expanded duties and are not required to secure certification. In addition to the different levels of pharmacy technician licenses in Idaho, pharmacy technicians performing immunizations and other expanded duties require additional training. Additionally, for tech-check-tech, employer-based training is required to demonstrate competency.

The committee inquired about the length of time it takes for a technician-in-training to complete training in Idaho. It was explained that the tech-in-training is currently three years; however there is a

proposal to reduce the training requirement to two years since most individuals complete the training within two years. The committee inquired about the requirements of an expanded technician in terms of education. It was noted that national certification (PTCB or EXCPT) was required.

Ms. Veale commented that Idaho's model would be a good starting point and added that grandfathering in individuals offered a solution for the large number of pharmacy technicians in California.

Dr. DeMartini shared with the committee that tech-check-tech currently is permissible in the retail setting in five states. She continued that in Iowa, Walgreens is conducting a tech-check-tech study in an environment where a majority of its pharmacies are participating. She noted another 2011 study by the American Society of Health-System Pharmacists (ASHP) looked at the number of tech-check-tech settings.

Dr. Wong inquired about pharmacist-to-pharmacy-technician ratios. Dr. De Martini provided that Idaho has a 5:1 ratio, Arizona does not have a ratio, and additional states would need to be checked. Public comment provided that in Idaho, its intention was to hold the pharmacy technician verifying the medication filling accuracy tech-check-tech responsible in lieu of the pharmacist. Dr. De Martini stated that direct supervision and pharmacist oversight does not go away. Chairperson Weisser inquired how the pharmacist interacts with the patient in regard to the tech-check-tech system. He was provided a summary of the workflow used in the pilot stores in Iowa including the pharmacist involved at the first level interaction with the patient, performs the data and review prior to printing the label, providing the final consultation.

Public comment shared highlights of tech-check-tech provisions in Idaho, including new prescriptions that could be filled by a pharmacy technician as long as a pharmacist has conducted the DUR and data entry checks and tech-check-automation that would apply to mail-order pharmacies. One speaker said that in Illinois and other states, there was allowance for the use automation where a medication is dispense with no pharmacist check and noted virtually no errors were made.

Mr. Weisser inquired about the pharmacist involvement for call-in prescriptions. It was explained that in Idaho, the pharmacist would be at the DUR and PU1 station verifying the data entry. In regard to patient consultation there is a toll-free number that patients may call. The speaker explained that tech-check-tech and tech-check-automation was implemented so that pharmacists could perform expanded duties.

Ms. Herold commented that there is a tele-pharmacy bill that will be brought to the board that would allow two pharmacy technicians to run a pharmacy with a remote pharmacist for underserved areas. A public comment was made regarding the success of existence of tele-pharmacies in other states including Iowa and North Dakota, where there are approximately 100 tele-pharmacies.

The committee raised concern over higher pharmacy technician to-pharmacist ratios, such as 6:1 in Idaho. Dr. DeMartini explained that the 6:1 ratio was rarely used and that the norm was closer to 4:1. It was also noted that the higher ratio was less feasible for retail pharmacies but beneficial for closed-door pharmacies and hospitals.

Public comment added that Iowa is considering abolishing its 6:1 ratio to become the 21st state that has no ratio. The committee voiced concern over allowing a pharmacy technician to be responsible for other pharmacy technicians and placing the pharmacist at risk of losing his or her license. The committee discussed leaving room for the pharmacist to make the appropriate ratio determination.

The committee discussed the issue of pharmacist-to-pharmacy technician ratios and was advised that legislation has been introduced that would require the board to conduct research and report on pharmacist to pharmacy technician ratios including any recommendation for changes based on the research findings.

#### **b. Pharmacy Technician Duties in a Mail Order Pharmacy or Closed Door Pharmacy**

The committee noted that there are different pharmacy business models and that practice settings may differ but the functions performed are the same.

The committee heard public comment from an individual that has experience in a traditional community pharmacy and now works at a pharmacy that focuses primarily on pharmacy services for patients in long-term care facilities. She said a long-term care pharmacy is generally a closed-door pharmacy - meaning patients do not come to the pharmacy to have their prescriptions filled). The commenter noted that while the ratios are the same in the closed-door pharmacy environment, 80 percent of prescriptions in long-term care pharmacies are refills and are dispensed every 30 days. The commenter noted struggles with managing the workload and the need to have pharmacists perform tasks that otherwise could be completed by a pharmacy technicians. She asked that the board consider items specifically for long-term care facilities and provided specific areas of consideration regarding the automated drug delivery systems, tech-check-tech and ratios.

Chairperson Weisser asked for clarification on how the pharmacist is involved in the workflow of the dispensing process in a closed-door pharmacy. It was explained that parameters would need to be in place and also that it would depend. The speaker provided an example where in the case of pre-packs and unit-dosing, an initial check is conducted by a pharmacist; however the pre-packs are rechecked by the pharmacist before going into the QV. In another example, it was stated that the pharmacist would be involved in the final review for new prescriptions. She stated that some technicians could do a better job than a pharmacist when it came to production tasks.

The committee discussed mail order pharmacies. Ms. Herold noted that nonresident pharmacies shipping product into California must comply with the pharmacist-to-pharmacy technician ratio specified in the resident state, and that may create an unfair advantage for such entities from a workload perspective. Ms. Herold asked if maintaining the current ratios was at the expense of California pharmacies or at the risk of the patient safety. Chairperson Weisser inquired if mail order pharmacies could be regulated to place them on similar footing as California pharmacies. He was advised that the committee could look at establishing a regulation model similar to its approach with patient-centered labeling, where all prescriptions dispensed to Californians, irrespective of where the prescription is filled must comply with California labeling requirements. Ms. Herold suggested the

need to broaden consultation requirements for mail order pharmacies, and Ms. Sodergran noted that some of the consumer complaints received by the board regarding mail order pharmacies involve allegations of delays in therapies because the patient is unable to reach a pharmacist. Chairperson Weisser stated that patients should expect the same level of service everywhere.

Ms. Sodergren inquired how often a mail order pharmacy performs medication reconciliation with their patients to determine if any changes have occurred. Dr. DeMartini responded that this function is most likely done by pharmacy benefits managers (PBMs) that have access to patient records that would highlight if there was duplication in therapy.

There was one additional public comment regarding the value of consultation by the pharmacist.

#### **5. Overview, Discussion and Consideration of Current Duties Performed by a Pharmacy Technician in an Inpatient Setting and Possible Changes to Such Duties**

Mr. Weisser stated that in the inpatient setting, pharmacy technicians may be more focused on performing compounding duties and possibly also performing “tech check tech” roles. He continued that although there has been some expansion in the duties a pharmacy technician may have in such a setting, it was appropriate to consider if such duties are still appropriate as well as if there are opportunities for changes. Mr. Weisser stated that it is anticipated that attendees will offer suggestions for changes in their respective areas of pharmacy for the committee to consider as part of its discussion and noted the provisions of CCR section 1793.8 in the attachment.

The committee was provided with history behind the tech-check-tech provisions currently allowed in a hospital setting, including studies that confirmed the safety for tech-check-tech in inpatient settings.

Mr. Weisser, referencing an article entitled *Tragic Pharmacy Technician Error Sparks Pursuit of Strengthened Regulations* that was included in the meeting materials, inquired if the article was regarding a tech-check-tech program. Ms. Sodergren clarified that the article seemed to be more about the state (Ohio) in the article seeking standardization of requirements.

The committee discussed concerns regarding the tech-check-tech in certain settings and recognized that it has been in place in California in the hospital setting since 2007 (CCR section 1793.8 Technicians in Hospitals with Clinical Pharmacy Programs).

The committee heard from a member of the public who believes, based on her experience, that pharmacy technicians are better at checking for dispensing errors than the pharmacist. She said that many times a pharmacist is pulled away to answer phone inquiries, speak with doctors and resolve issues with inpatient orders, while a pharmacy technician can focus on performing the final check without such interruptions.

The committee also heard comment from a pharmacy technician who works in an inpatient setting. He said the hospital uses scanning technology instead of tech check tech provisions. The commenter noted that use of such technology provides an important safeguard. The committee asked the

commenter about his experience working with pharmacy technicians who are also certified versus those who are not. The individual noted that he believes errors are higher for noncertified pharmacy technicians, but a pharmacy technician that is passionate about the job could also perform at a higher level.

The committee heard from a member of the audience who provided an explanation of his employer's use of pharmacy technicians. In this case, the employer used different levels of pharmacy technician job classifications, where the duties and pay were associated with the level of the job classification. The committee was advised that the commenter believed requiring certification of a pharmacy technician would be beneficial.

Vickie Ferraresi, introduced herself as president of CSHP. She noted that a job description mandates if technicians require certification to work in certain settings. Ms. Ferraresi opined that as standards have been developed in the profession, standards for technicians should evolve and be consistent among various technicians. Ms. Ferraresi noted current minimum standards are 18 years old, high school graduation, and completion of the exam; therefore, the range of experience is vast. The committee inquired if Ms. Ferraresi thought that PTCB certification and continuing education as a condition of renewal would be appropriate as a minimum requirement for pharmacy technicians performing final verification in a tech-check-tech program. She responded that while certification was a good start, there were experienced and intelligent technicians who were not certified but could also perform the function appropriately.

The committee heard from Dr. DeMartini regarding the evolution of the tech check tech regulations, which ensured that pharmacy technicians were properly trained. She provided that implementation of the tech-check-tech in a hospital setting released the pharmacist to be involved in clinical care. She provided an example of a pharmacist who was released to be a part of a pediatric transplant patient care team.

Dr. De Martini encouraged the board to consider expanding the roles and responsibilities of the pharmacy technician and noted the need for the hospital to properly train and follow up on training to ensure the competency of the pharmacy technician. Dr. DeMartini indicated that pharmacy technicians are conducting duties that have expanded to include such things as assisting in transitioning care and comprehensive medication management. Dr. DeMartini advised the committee of a grant received by USC to manage high-risk elderly patients with a team consisting of a pharmacist, pharmacy intern, and pharmacy technician. It was explained that the duties are not granted with a license but rather that the employer finds value in an individual who has a license qualification.

Chairperson Weisser inquired if Dr. DeMartini would recommend the committee/board avoid being prescriptive. Dr. De Martini encouraged the board to allow institutions to outline how patient safety is ensured. She reminded the committee to consider how to advance the profession to meet the future demands of the population. Dr. De Martini applauded the board for its current efforts.

Ms. Sodergren inquired, if under Title 22 a specific pharmacy department is responsible for the functions related medication adherence for the transfer of exiting patients to nursing home or in-home care. She noted that it sounded like hospitals use pharmacy technicians for that purpose. Dr. De

Martini indicated that the entire continuum of medication use lies with the pharmacy department and the pharmacist

Ms. Ferraresi added that it is always in the patient's best interest to have counseling about medications upon discharge. However she shared her experience around patients and their lack of understanding of their prescriptions as well as their retention of such information once received.

Dr. Mobley-Smith added that the regulations should be drafted in a manner to allow the practice to evolve. She stated that she thinks of hospitals as health systems where pharmacy technicians are involved in medication therapy management. She noted that there is a difference between technical judgement and clinical judgement. In terms of medication therapy management, Dr. Mobley-Smith indicated that the pharmacy technician assists the pharmacist in gathering data and medication history. The pharmacist could in turn make decisions and work with patients to provide optimal care. To highlight the difference between technician judgment versus clinical judgment, Dr. Mobley-Smith noted that the administration of an immunization was more of a technical task, where the pharmacy technician is not deciding which drugs or dose to administer, nor would they be determining things such as side effects. She added that medical technicians administer immunization; however, they are trained in CPR.

Dr. Mobley-Smith listed numerous areas where pharmacy technicians are involved in the health care system .She said these duties were provided to demonstrate how pharmacy technician responsibilities are evolving, and she encouraged the board to allow the profession to continue to grow.

The committee inquired if PTCB had similar CE requirements for renewal of certification as it did for initial certification. Dr. Mobley-Smith replied that PTCB does have renewal of certification for a certain number of hours and that PTCB recently voted to add patient safety as part of recertification. The committee asked if PTCB was supplying continuing education in extensive list of duties and was advised that PTCB is a certification organization rather than an education provider and that PTCB could direct individuals to resources but that PTCB does not provide the continuing education itself.

The committee contemplated the benefits to both uniformity of training as well as specialized training for pharmacy technicians performing final verification through a tech-check-tech program.

The committee discussed the benefits of high standards for pharmacy technicians involved in tech-check-tech duties such as certification and completion of an associate of arts degree to protect consumers. The member of the public supported having an AA degree to have a higher caliber technician but added that some lower income students might not be able to afford to go to school. DCA legal counsel Laura Freedman explained that the education could be justified if pharmacy technician duties could demonstrate the need for public protection.

## **6. Overview, Discussion and Consideration of Current Duties Performed by a Pharmacy Technician in Other Specialty Pharmacy Settings and Possible Changes to Such Duties**

Chairperson noted that similar to the inpatient setting, pharmacy technicians may be more focused on specific tasks in a specialty pharmacy. He continued that it is anticipated that attendees will offer suggestions for changes in their respective areas of pharmacy for the committee to consider as part of its discussion. He said it may be appropriate to consider if duties are still appropriate, as well as if there are opportunities for changes.

Chairperson Weisser explained that this was the same general discussion with a focus on other specialty pharmacy settings. Ms. Veale acknowledged that requirements may be similar for different settings. The committee discussed revisiting specific duties and responsibilities in different settings - specifically, those duties in Idaho provided under Agenda Item 4 (new orders from a physician, transfer and clarify prescriptions, immunize, extend pharmacy hours via tele-pharmacy, perform CLIA waived tests, and tech-check-tech) and focusing on community pharmacy, mail order, closed-door setting, and education in other states. Ms. Sodergren indicated that staff would analyze comparisons in terms of patient benefit. She continued that the staff would present a comparison between an occupation and the profession, as this tied to accountability.

No public comment was received.

#### **7. Discussion and Consideration of Possible Changes to the Pharmacy Technician Application and Renewal Requirements for Licensure Including Implementation Strategies for Identified Changes.**

Chairperson Weisser introduced this item and stated that after discussion on the respective areas, the committee would return to the application and renewal requirements to determine whether to recommend changes to the licensing and/or renewal requirements.

The committee agreed additional time was necessary to review the attachments (SEIU letter dated January 24, 2017; article entitled *Tragic Pharmacy Technician Error Sparks Pursuit of Strengthened Regulations*), as there may be unintended impacts on certain groups. Ms. Sodergren offered to pull MQs as part of state comparison. One public comment, from Kate Anhill, urged the board to ensure technicians include email addresses. The committee tabled this item for a future meeting.

#### **8. Future Committee Meeting Dates for 2017**

- June 29, 2017
- September 19, 2017

The meeting adjourned at 3:26 pm.