



COMMONWEALTH of VIRGINIA

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TO: The Honorable Ralph S. Northam
Governor of Virginia

The Honorable Daniel Carey
Secretary of Health and Human Resources

The Honorable Mark D. Sickles
Chair, House Committee on Health, Welfare and Institutions

The Honorable L. Louse Lucas
Chair, Senate Committee on Education and Health

FROM: Caroline D. Juran 
Executive Director, Board of Pharmacy

DATE: October 29, 2021

RE: **Report on Additional Duties and Tasks a Pharmacy Technician may Perform**

Attached is the report of the Board of Pharmacy pursuant to an enactment clause on HB1304 and SB830 of the 2020 Session, requesting recommendations regarding additional duties and tasks pharmacy technicians may perform.

The report comes from a workgroup, composed of eight persons including board members and stakeholders, who met to discuss options and develop recommendations.

Should you have questions about this report, please feel free to contact me at caroline.juran@dhp.virginia.gov or at (804) 367-4578.

**REPORT ON DEVELOPMENT OF
RECOMMENDATIONS FOR
ADDITIONAL DUTIES AND
TASKS THAT PHARMACY
TECHNICIANS MAY PERFORM:
HB1304 AND SB830**

OCTOBER 19, 2021

**VIRGINIA BOARD OF PHARMACY
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

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I. EXECUTIVE SUMMARY

Pursuant to the third enactment clause of House Bill 1304 and Senate Bill 830 passed during the 2020 General Assembly Session, the Board of Pharmacy convened a work group on September 23, 2021 to develop recommendations related to the addition of duties and tasks that a pharmacy technician registered by the Board may perform.

Regarding the current pharmacist to pharmacy technician ratio, the work group voted 6:2 to decline a recommendation to eliminate the pharmacist to pharmacy technician ratio.

Regarding vaccine administration, the work group voted 7:1 to include a recommendation in this report to permanently authorize a pharmacy technician, who has obtained and maintains national certification, to administer vaccines consistent with the authority and training required under the Health and Human Services PREP Act; this would require legislative action.

Regarding product verification, the work group voted unanimously to recommend that the Board of Pharmacy further explore the subject of pharmacy technician product verification.

Regarding the ability to clarify prescriptions, the work group voted unanimously to include a recommendation in this report to allow a pharmacy technician to clarify the number of refills and drug quantity for Schedule VI new prescriptions or refill prescriptions; this would require legislative action.

Regarding the acceptance of new oral prescriptions, the work group voted 6:2 to not allow pharmacy technicians to accept new prescriptions.

Regarding the transfer of prescriptions, the work group voted unanimously to recommend that a nationally certified pharmacy technician be allowed to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when authorized by the pharmacist-in-charge; this would require either legislative or regulatory action.

Regarding the ability to take medication histories from patients, the work group voted unanimously to recommend the Board of Pharmacy clarify regulations, if necessary, to clearly authorize pharmacy technicians to independently take medication histories to include drug name, dose, and frequency.

Work Group Members

Bill Lee, DPh
Workgroup Chairman, Board of Pharmacy Member

Cheryl Nelson, PharmD
Chairman, Board of Pharmacy

Glenn Bolyard, RPh
Board of Pharmacy Member

Patricia Richards-Spruill, RPh
Board of Pharmacy Member

Jermaine Smith, PharmD
President, Virginia Association of Chain Drug Stores (VACDS)

Tana Kaefer, PharmD
Virginia Pharmacists Association

Jessica Langley, MS
Executive Director of Education and Advocacy, National Healthcareer Association

Jamin Engle, PharmD
Virginia Society of Health-System Pharmacists (VSHP)

II. PHARMACIST TO PHARMACY TECHNICIAN RATIO

The Virginia Association of Chain Drug Stores (VACDS) and the National Association of Chain Drug Stores (NACDS) requested that the current 4:1 pharmacist to pharmacy technician ratio be eliminated. There was disagreement regarding this request from several members, including the representative from the Virginia Society of Hospital Pharmacists (VSHP) and the Virginia Pharmacy Association (VPhA). The work group voted 6:2 to decline the VACDS/NACDS recommendation to eliminate the pharmacist to pharmacy technician ratio. Motion was opposed by Smith and Langley.

III. VACCINE ADMINISTRATION

There was discussion regarding the minimum age requirement of the patient receiving a vaccine, benefits of the current allowances under the Health and Human Services PREP Act for pharmacy technicians to administer vaccines to persons 3 years of age and older, and minimum training requirements. The work group voted 7:1 to include a recommendation in the legislative report to permanently authorize a pharmacy

technician, who has obtained and maintains national certification, to administer vaccines consistent with the authority and training required under the Health and Human Services PREP Act. Motion was opposed by Richards-Spruill due to concern for requiring pharmacy technician to maintain national certification.

IV. COVID-19 TESTING

There was discussion regarding the ability for a pharmacy technician to perform COVID-19 tests. Because the Virginia Board of Pharmacy has a longstanding position that the performing of CLIA-waived tests is within the scope of practice of pharmacy and that pharmacy technicians under the supervision of a pharmacist may perform CLIA-waived tests, no action was taken by the work group on this issue.

V. PRODUCT VERIFICATION

Some members of the work group commented that responsibility for any verification errors should shift to the pharmacy technician and not fall back to the supervising pharmacist. There was discussion regarding successful use of board-approved innovative pilot programs in institutional settings for product verification by pharmacy technicians with assistance of technology, e.g., medication carousels, radio-frequency identification (RFID), and bar-coding, and bedside scanning by a licensed healthcare professional. No consensus was reached. The work group voted unanimously to recommend that the Board of Pharmacy further explore the subject of pharmacy technician product verification.

VI. CLARIFYING PRESCRIPTIONS

There was consensus that an ability for a pharmacy technician to clarify prescriptions with a prescriber's office should be limited to certain required elements of a prescription and restricted to prescriptions for Schedule VI drugs only. The work group voted unanimously to include a recommendation in this report to allow a pharmacy technician to clarify the number of refills and drug quantity for Schedule VI new prescriptions or refill prescriptions.

VII. ACCEPTING NEW PRESCRIPTIONS

Many members expressed concern for pharmacy technicians accepting new oral prescriptions based on minimal educational requirements for obtaining registration. Members commented that a pharmacist assesses the clinical appropriateness of the drug as it is being communicated by the prescriber or his agent and will ask clinically probing

questions as necessary. The work group voted 6:2 to not allow pharmacy technicians to accept new oral prescriptions. Motion was opposed by Smith and Langley.

VIII. TRANSFERRING PRESCRIPTIONS

Members debated the benefits and concerns of allowing pharmacy technicians to transfer prescriptions. There is a level of oversight that a pharmacist should have when authorizing a pharmacy technician to transfer a particular prescription to ensure that the correct prescription, including current dose and dosing schedule is transferred. Discussion focused on Schedule VI drugs only (not including on-hold prescriptions), and transferring electronically or by facsimile. There appeared to be consensus that the pharmacist-in-charge could document which pharmacy technicians were authorized (qualified) to transfer certain Schedule VI prescriptions and that the list should be readily available for inspector review. The work group voted unanimously to include a recommendation in this report to allow a nationally certified pharmacy technician to electronically transfer a Schedule VI refill prescription that is not an on-hold prescription when authorized by the pharmacist-in-charge.

IX. TAKING PATIENT MEDICATION HISTORIES

It was recommended that the work group consider an ability for pharmacy technicians to take medication histories from patients. There was discussion regarding how this would differ from medication reconciliations. Staff commented that the Board has a long-standing position that pharmacy technicians may perform medication reconciliations. Engle commented that there is confusion among licensees and that perhaps clarification is all that is needed. Board counsel agreed that § 54.1-3321 of the Code of Virginia appears to already authorize pharmacy technicians to perform this task if the Board views this duty as “the entry of prescription information and drug history into a data system or other record keeping system.” The work group voted unanimously to recommend the Board of Pharmacy clarify regulations, if necessary, to clearly authorize pharmacy technicians to independently take medication histories to include drug name, dose, and frequency.