

(DRAFT/UNAPPROVED)

**VIRGINIA BOARD OF PHARMACY  
MINUTES OF PHARMACY TECHNICIAN DUTIES WORK GROUP MEETING**

September 23, 2021

Department of Health Professions  
Perimeter Center  
9960 Mayland Drive  
Henrico, Virginia 23233

- CALL TO ORDER:** A meeting of a Pharmacy Technician Duties Work Group was called to order at approximately 1:04PM.
- PRESIDING:** William Lee, DPh, Board of Pharmacy Member
- MEMBERS PRESENT:** 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 (VPhA)  
Jessica Langley, MS, Executive Director of Education and Advocacy, National Healthcareer Association  
Jamin Engle, PharmD, Virginia Society of Health-System Pharmacists
- STAFF PRESENT:** Caroline D. Juran, RPh, Executive Director, Board of Pharmacy  
Ryan Logan, RPh, Deputy Executive Director, Board of Pharmacy  
Beth O'Halloran, RPh, Deputy Executive Director, Board of Pharmacy  
Ellen B. Shinaberry, PharmD, Deputy Executive Director, Board of Pharmacy  
Elaine Yeatts, Senior Policy Analyst, DHP  
Barbara Allison-Bryan, M.D., Chief Deputy Director, DHP  
James Rutkowski, Assistant Attorney General  
Sorayah Haden, Executive Assistant, Board of Pharmacy
- QUORUM** A quorum was established.
- APPROVAL OF AGENDA:** An amended list of work group members correctly identifying Tana Kaefer, PharmD as representing the Virginia Pharmacists Association was provided to the members and public. A motion was unanimously passed to approve the agenda as presented.
- PUBLIC COMMENTS:** Jodi Roth, representing VACDS, read a portion of the written comments jointly prepared by VACDS and the National Association of Chain Drug

Stores (NACDS) which was provided to the members and the public as a handout. Within the handout entitled *Enhance Access to Patient Care in Virginia by Modernizing Laws and Regulations to Optimize the Use of Pharmacy Technicians for Technical and Administrative Tasks*, the organizations offered the following recommendations: eliminate pharmacist to pharmacy technician ratio and expand duties that pharmacy technicians can perform. Specifically, the recommended expanded duties included: permanent authority to administer vaccines consistent with PREP Act authorities; permanent authority to administer both COVID-19 and other point of care CLIA-waived tests; technician product verification; accept new telephone prescriptions; transfer prescriptions; clarify prescriptions; and other nondiscretionary functions as delegated by the supervising pharmacist.

Christina Barrille, Executive Director, VPhA commented that they have a few concerns regarding the recommendations offered by VACDS/NACDS. Specifically, VPhA opposes the elimination of the pharmacist to pharmacy technician ratio and that physical on-site supervision is important. She stated that any expansion of pharmacy technician duties should be done methodically. She referenced difficulty in getting pediatric appointments currently and that access to vaccines is important. She stated that it would be difficult to take away vaccine allowances after the pandemic since the current model under PREP Act allowances is working.

The work group reviewed two other handouts of public comment from the Virginia Chapter of the American Academy of Pediatrics (AAP) and the Medical Society of Virginia (MSV) that board staff received via email prior to the meeting. The Virginia Chapter of the AAP strongly opposes allowing pharmacy technicians to provide vaccinations to those under the age of 18 as they believe children should receive vaccines in their medical home. MSV believes expanding pharmacy technician duties may be premature and requests the work group to defer additional recommendations until after the work pertaining to statewide protocols for pharmacists.

**CHARGE OF WORK GROUP**

Lee provided an overview of the work group's charge pursuant to the third enactment of HB 1304 and SB 830 (2020 General Assembly session).

**ELIMINATION OF PHARMACIST TO PHARMACY TECHNICIAN RATIO**

The work group discussed VACDS/NACDS' request to eliminate the pharmacist to pharmacy technician ratio. Langley commented that Virginia has very high educational standards since now requiring completion of an accredited training program. Bolyard opposed elimination of ratio. Engle commented that VSHP agrees with VPhA that the ratio should not be eliminated.

**MOTION:**

**Motion to eliminate the pharmacist to pharmacy technician ratio failed due to a lack of a second. (motion by Smith)**

**MOTION:**

**The work group voted 6:2 to decline VACDS/NACDS' recommendation to eliminate the pharmacist to pharmacy technician ratio. (motion by Nelson, seconded by Bolyard; opposed by Smith and Langley)**

VACCINE  
ADMINISTRATION

Kaefer recommended restricting vaccine administration to 18 years and older since pharmacists are limited to this age group. Bolyard supported administration to 3 years of age and older. Engle supported 3 years and older due to concerns with access and current model working, but believes training must continue to be required. Langley recommended keeping training requirements under PREP Act or adopt other requirements. Smith didn't want to close door to access given healthcare desserts. Kaefer stated training should focus on administration, not selection of vaccine as is required of a pharmacist. Engle stated pharmacy technician should obtain national certification. Langley commented that they should be required to maintain certification.

**MOTION**

**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 by Smith, seconded by Nelson; opposed by Richards-Spruill)**

ADMINISTRATION OF  
COVID-19 AND OTHER  
POINT OF CARE CLIA-  
WAIVED TESTS

Ms. Juran read from the COVID-19 Testing Resource Document on the board's website that states the following: *The Virginia Board of Pharmacy has a longstanding position that the performing of CLIA-waived tests is within the scope of practice of pharmacy. Tests must be administered in accordance with FDA's CLIA requirements. Pharmacists, along with pharmacy technicians and pharmacy interns under the supervision of a pharmacist may perform CLIA-waived tests. Per CLIA requirements, training for how to collect the sample and perform the test must be documented.* Because pharmacy technicians may already administer CLIA-waived tests, the work group took no action.

PRODUCT VERIFICATION

It was commented that responsibility for any verification errors should shift to the pharmacy technician and not fall back to the supervising pharmacist. Engle recommended for institutional settings. He referenced Schedule VI drugs, unit dose, if administered by a licensed health professional, and language similar to proposed regulations for medication carousel and RFID technology. Smith and Lee commented that additional input is necessary. Shinaberry briefly summarized the six innovative pilots authorizing pharmacy technician product verification. Five are in hospitals, one in long term care. One use medication carousels, one uses automated dispensing devices, one uses bar-code technology, and all settings use a licensed person at the point of

**MOTION:** administration.

**The work group voted unanimously to recommend that the Board of Pharmacy further explore the subject of pharmacy technician product verification. (motion by Nelson, seconded by Engle)**

ACCEPTING NEW  
TELEPHONE  
PRESCRIPTIONS AND  
CLARIFYING  
PRESCRIPTIONS

Concerns were expressed by Bolyard and Richards-Spruill. Smith commented that Virginia's educational standards have increased and since most prescriptions are e-prescribed, there are very few verbal orders. He suggested restricting to Schedule VI drugs only and clarifying only refills or quantities.

**MOTION:**

**The work group voted unanimously to include a recommendation in the legislative report to allow a pharmacy technician to clarify the number of refills and drug quantity for Schedule VI new prescriptions or refill prescriptions. (motion by Nelson, seconded by Bolyard)**

**MOTION:**

**The work group voted 6:2 to not allow pharmacy technicians to accept new prescriptions. (Nelson, Bolyard; opposed by Smith and Langley)**

Members mentioned the inconvenience of requiring a physical authorization of the pharmacist for each new or transferred prescription received.

TRANSFER PRESCRIPTIONS

Discussion focused on Schedule VI drugs only and not an on-hold prescription, electronic transfer or faxed transfer. Discussion also focused on the importance of a pharmacist authorizing the transfer. There appeared to be consensus that the pharmacist-in-charge could document which qualifying pharmacy technicians were authorized to transfer certain Schedule VI prescriptions and that the document should be readily available for inspector review.

**MOTION:**

**The work group voted unanimously to include a recommendation in the legislative 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.**

OTHER  
NONDISCRETIONARY

Engle recommended the work group consider an ability for pharmacy

**FUNCTIONS**

technicians to take accurate medication histories for 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 simply 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”.

**MOTION**

**The work group voted unanimously to recommend to the Board of Pharmacy to clarify regulations, if necessary, to clearly authorize pharmacy technicians to take medication histories independently to include drug name, dose, and frequency. (motion by Engle, seconded by Nelson)**

**MEETING ADJOURNED:**

Having completed all business on the agenda, the meeting was adjourned at 4:15pm.

\_\_\_\_\_  
William Lee, Chairman

\_\_\_\_\_  
Caroline D. Juran, Executive Director

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
DATE: