

Pharmacy Technician Oversight: *New York's Journey to the 20th Century and Where We Go From Here*

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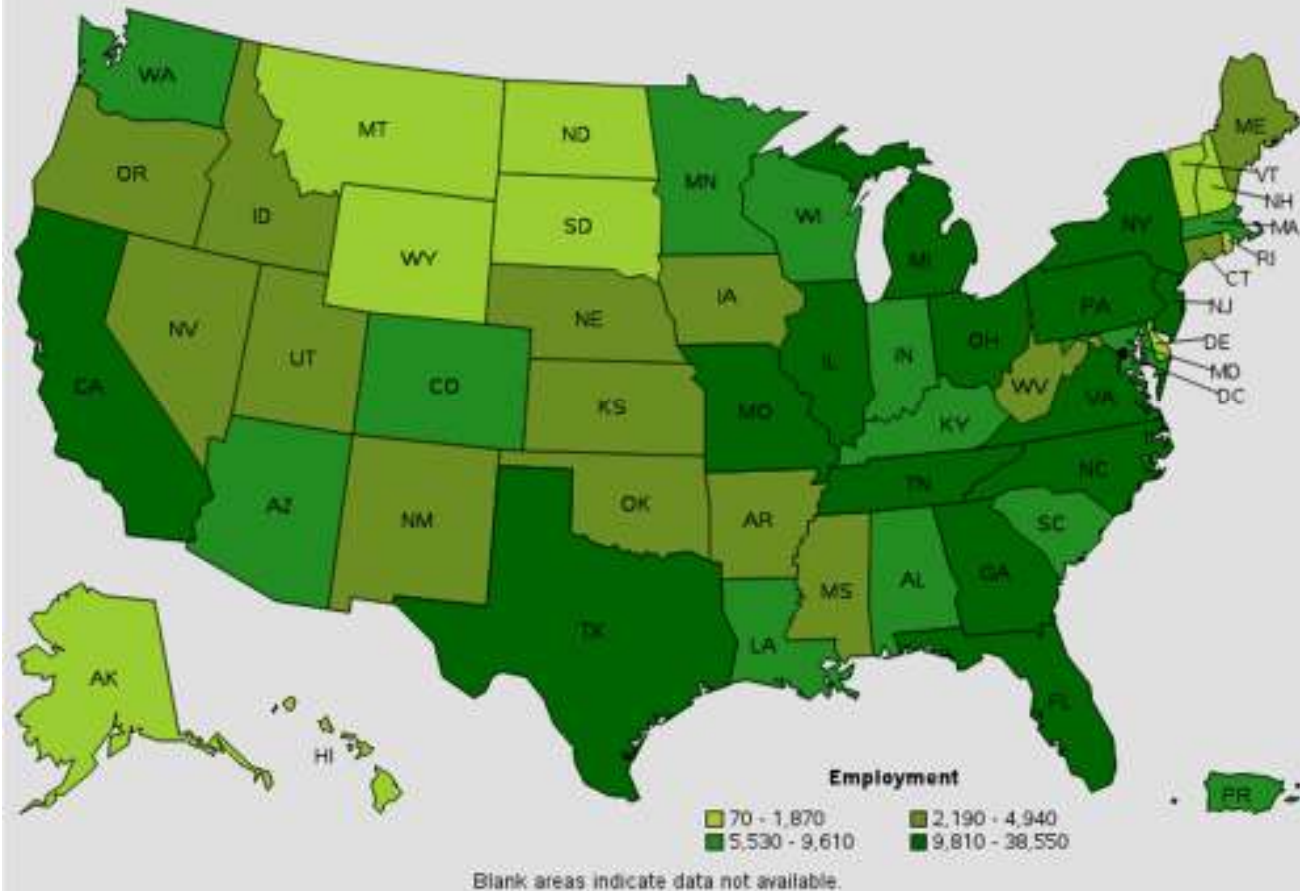
Knowledge Assessment Question #1

In May 2019, how many pharmacy technicians were employed in New York State?

- A. 71,260
- B. 42,400
- C. 20,360
- D. 0

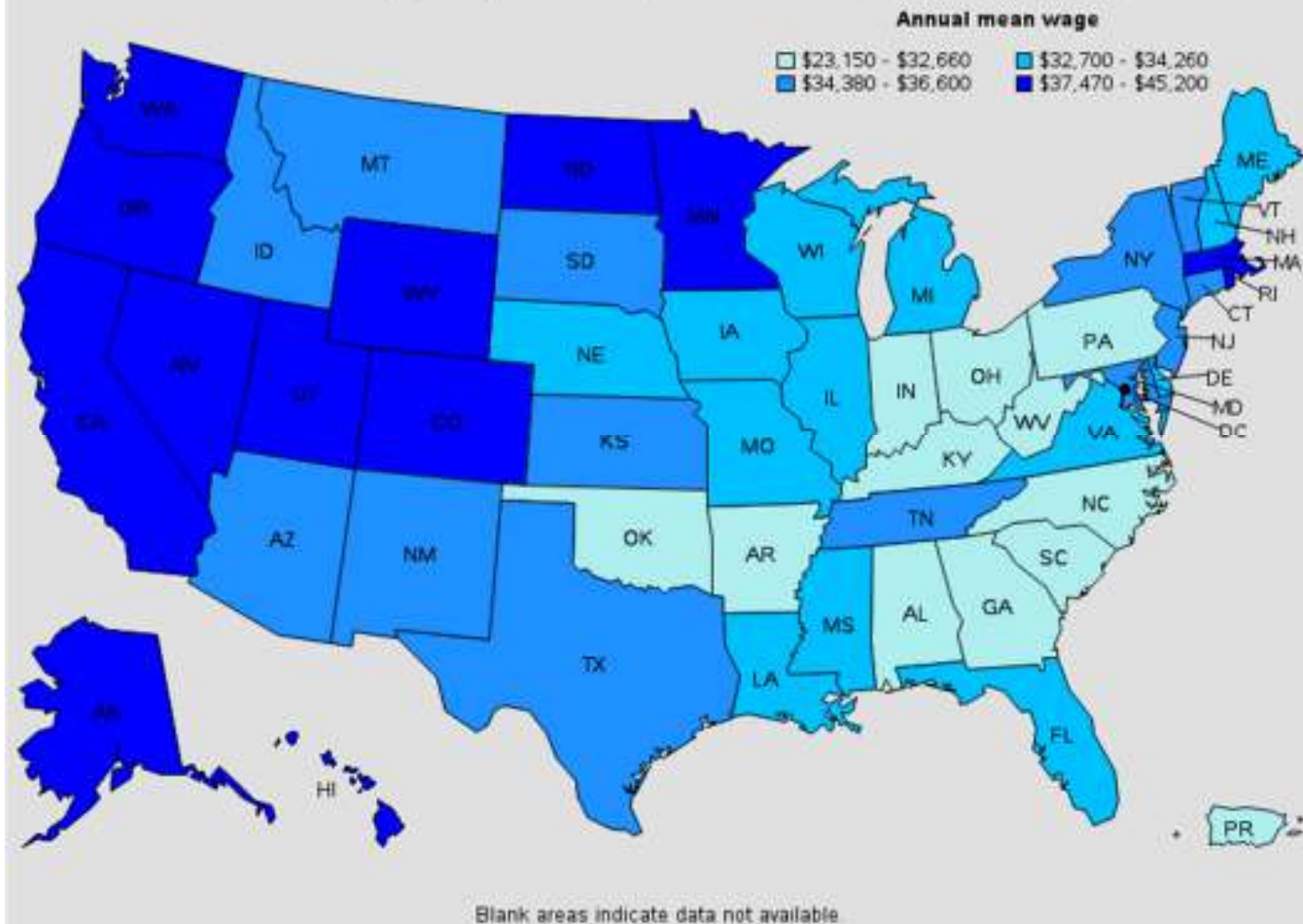
Hint: It may be a trick question!

Employment of pharmacy technicians, by state, May 2019



National - ~422,300
 Hospitals - 66,300 (15.7%)
 NYS - 20,360

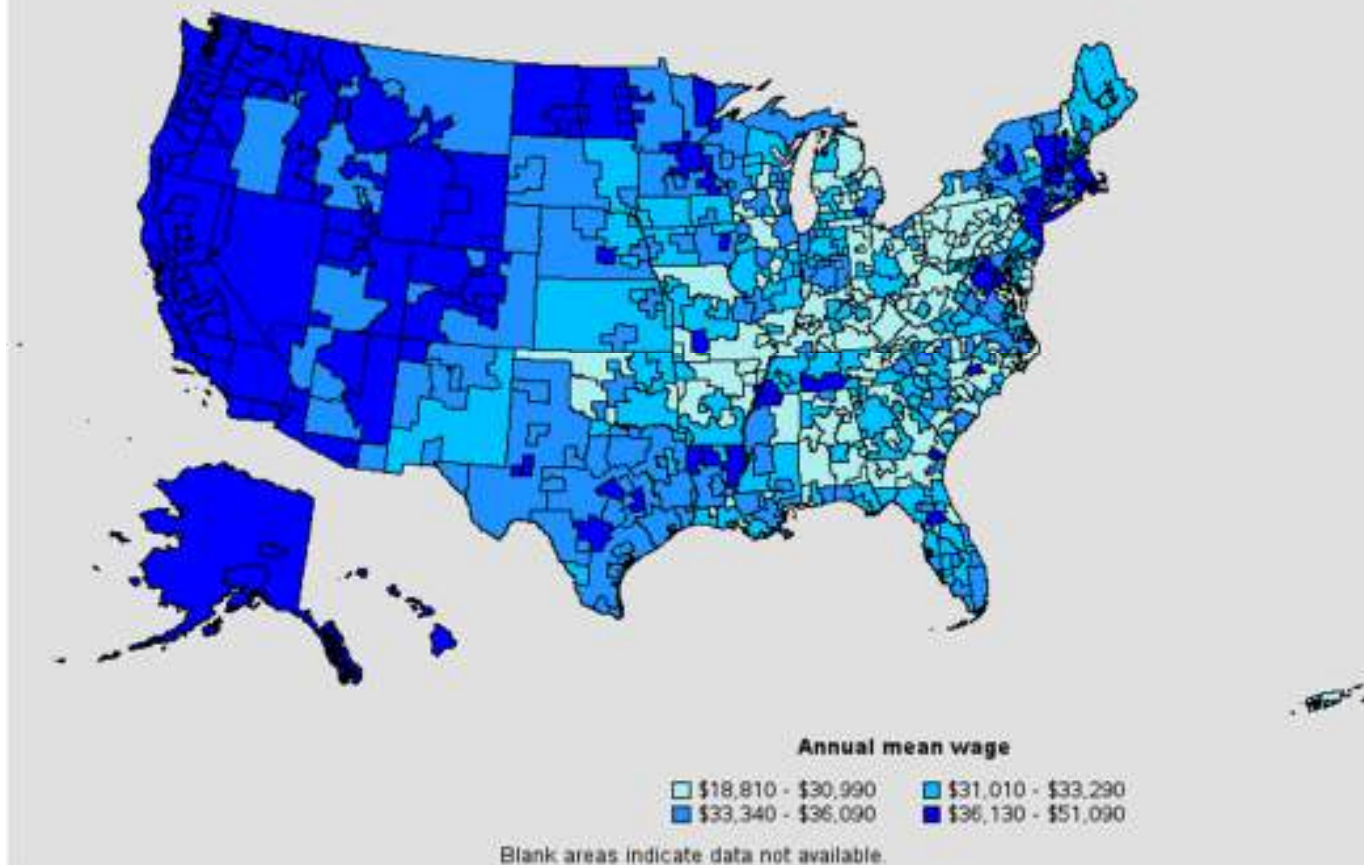
Annual mean wage of pharmacy technicians, by state, May 2019



US Bureau of Labor Statistics

<https://www.bls.gov/oes/current/oes292052.htm#st>

Annual mean wage of pharmacy technicians, by area, May 2019

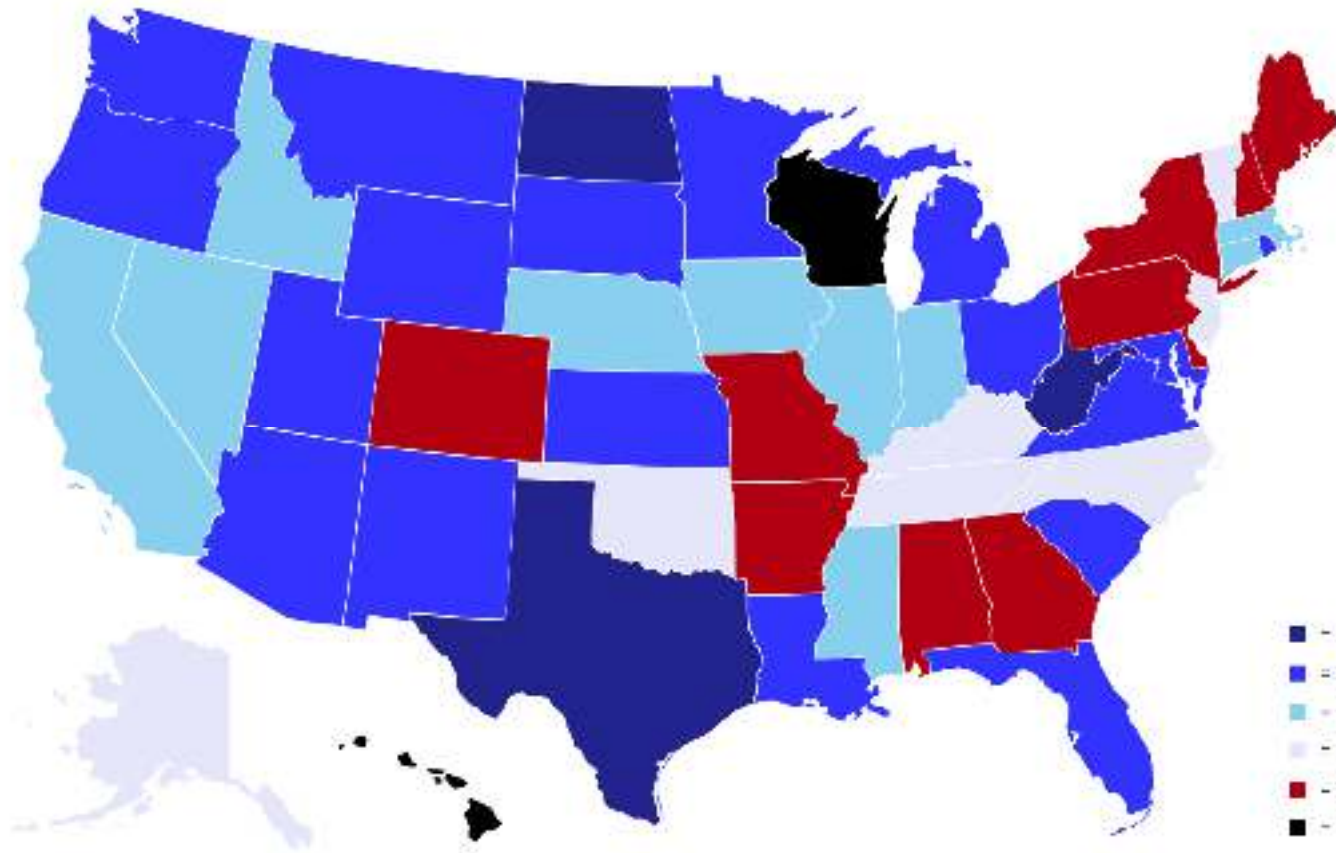


US Bureau of Labor Statistics

<https://www.bls.gov/oes/current/oes292052.htm#st>

National Technician Scorecard

Emily Jerry Foundation



<https://emilyjerryfoundation.org/>



Emily Jerry
foundation

National Pharmacy Technician
Initiative & Scorecard

NEW YORK

Score: 11/35

F

CATEGORY	SCORE
Education & Training	0 of 10
Certification	6 of 10
Registration/Licensure	5 of 10
Continuing Education	5 of 5
Total Score	11 of 35
Percentage	31%

Please see Appendix 1 for full text of statutes and regulations,
on which this scorecard is based

Actually, scoring is quite generous for April 2021!

Statute (Legislature) vs. Regulation (Agencies)

- Statutes dictate the goals and means of legislative intent
 - Statute: “All pharmacists must dispense a peanut butter and jelly sandwich with each prescription”
- Regulations provide the details that allow statutes to work
 - NYS Education Department would write regulations:
 - Pharmacist should assess patient for peanut allergies
 - The peanut butter must be crunchy
 - The bread must be whole wheat

Supreme Court, Appellate Division, Third Department, New York.

June, 1991

The facts underlying this proceeding are not in dispute but the litigants sharply contest the legal consequences based on the facts. Petitioners Genesee Hospital and [REDACTED], the hospital's head pharmacist, were found guilty of misconduct in practicing pharmacy under two specifications: they permitted persons without pharmacy licenses (in this case nurses) to dispense and mix drugs and ingredients, and delegated to them the responsibility of measuring, weighing, compounding and mixing ingredients in preparation of hyperalimentation, peripheral intravenous solutions and intravenous solutions, an activity reserved to a trained pharmacist. The hospital was censured and reprimanded and ****351** fined \$1,000 under each specification. [REDACTED] was censured and reprimanded and fined \$250 under each specification. Petitioners [REDACTED] and [REDACTED], nurses who worked for the hospital, were charged with two specifications of unprofessional conduct in the practice of nursing by practicing nursing beyond its scope in that they measured, weighed, compounded and mixed ingredients in preparation of intravenous solutions and prescriptions. They were censured and reprimanded and placed on probation for 18 months to insure their completion of a course of instruction in the legal aspects of nursing. Petitioners then commenced this proceeding challenging the determinations.

But Larry said.....(in 1994)

However, our regulatory structure makes a distinction between compounding and dispensing and the repackaging or manufacturing of medications. This distinction is analogous to federal over-sight of the manufacturing processes that routinely use unlicensed personnel under strict supervision to prepare drugs in bulk quantities. The particular rule to be referenced in this regard is 8NYCRR29.7(a)(15). This rule allows, for example, the repackaging of a bottle of 1000 tablets into containers of 40 tablets each. An unlicensed person, under the supervision of a registered pharmacist can perform this repackaging. The rule requires specific record keeping when this form of repackaging is done, including:

We are often asked if there is a minimum number of units that must be prepared or repackaged (batched). In fact, the rule does not indicate either an upper or lower limit for the repackaging of medications. Therefore, pharmacists must decide, based upon the **anticipated** needs of the pharmacy how best to utilize limited resources. It is imperative that, **regardless of whether 1 or 1,000 units are being prepared** for subsequent dispensing, a pharmacist consistently adheres to the standards for record keeping. It is imperative to note that the manufacturing or bulk compounding of products is a procedure expressly allowed for each pharmacy. A registered pharmacy **may not** sell or transfer such products to another pharmacy despite common ownership of more than one pharmacy.

Not on letterhead, not signed and not on SED website

But this is the guy that signed my license in 1982.....



NYSCHP Position on Technicians Compounding

- *“The New York State Council of Health-system Pharmacists supports certified and registered pharmacy technicians, under the supervision of a registered pharmacist, to prepare patient-specific medications in New York State.”*

What was happening in Fall 2018?

- Pharmacy Orgs working with legislature on Tech bill
 - Conversations between legislature and NYSED
- Council heard of OPD changes (Enforcement Day)
 - Changes in interpretation?
 - Talks of \$1,000 fines
 - Techs and Pharmacists being re-assigned
- Council brought issue to Pharmacy Conference
 - Attended by BOP and other Pharmacy organizations
 - Discussion of what “batching” means
 - Including “mated” items
 - Members informed



December 19, 2018

The Council attended the quarterly **NYS Pharmacy Conference** in Albany, NY on Friday, December 14th. This conference is attended by a wide range of stakeholders in the profession and a full write up will be available in a future newsbrief. One item we'd like to share is a discussion with the Board of Pharmacy and other Conference attendees regarding the role of unlicensed persons (including pharmacy technicians).

Long-standing NYS [regulations](#) state that unlicensed persons may not “*measure, weigh, compound or mix ingredients*”. Traditionally guidance has meant that unlicensed persons (e.g. technicians) may not prepare **patient-specific compounds**, but with proper oversight by a pharmacist, may create a non-patient-specific “**batch**” – can draw up fifty 3mL oral syringes, can make twenty IV bags of penicillin, etc. This has also been interpreted to allow the preparation by unlicensed persons of “mated items” – such as antibiotic vials attached to diluents through binary connectors (like addEASE, Vial-Mate, Mini-Bag Plus, etc).

It appears as though the Board is interpreting the above regulations more strictly, implying that unlicensed persons (e.g. technicians) would not be permitted to prepare these batches, as they involve “measuring” or “mixing”. The Board cited the fact that technicians remain unlicensed/unregistered/unregulated in NYS.

The Council has communicated with our Pharmacy Coalition partners – PSSNY, Chain Pharmacy Association, GYNHA Ventures, 1199 trade union – and are currently acting on a strategy of engaging the Governor and the NYS Legislature on this issue rapidly, with the hopes of clarifying technician job functions in statute/regulation.

While we are not aware of any enforcement actions reported by members’ hospitals at this time, we understand the members may be concerned about what they are hearing. Our recommendations are to review compounding and “batching” processes in your facilities, ensure good practices and your policies are being followed, and report any concerns to the NYSCHP Board of Directors.

Thank you!

Andrew Kaplan, Pharm.D., BCPS, BCGP
Vice President of Public Policy

BOP Communique 2/25/19

Good Afternoon,

There is no further need for Interpretation of Rules of Board of Regents Part 29.7(a)(21)(i)(b)(4) 29.7(a)(21)(i)(b)(4). Batching is mixing and therefore not allowed to be performed by an unlicensed staff member.

Regards!



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“Batching is mixing and therefore is not allowed to be performed by an unlicensed staff member”

“Please understand that the Education Department does not answer hypothetical questions, issue advisory opinions or offer detailed legal advice. Such requests should be directed to your attorney. While we can share with you commonly accepted interpretations of applicable laws and regulations, it should be noted that the applicability of statutes and regulations depend ultimately on the distinctive nature of a particular case, which will change given a different set of circumstances.”

Petitions Followed – we needed Legislation

Allow New York State CPhTs to Participate in Advanced Institutional Activities



Ryan Watson started this petition to State Representative Kevin Cahill and 21 others

The Role of the Institutional Pharmacist is evolving. This evolution involves a transition from a centralized setting to a decentralized setting. Pharmacists now participate directly in patient centered care as a core part of multidisciplinary teams consisting of physicians, nurses, respiratory therapists, and physical therapists. Through this approach we are able to improve clinical outcomes, identify omissions in therapy, promote appropriate use of antimicrobials and improve safe and

306 have signed. Let's get to 500!

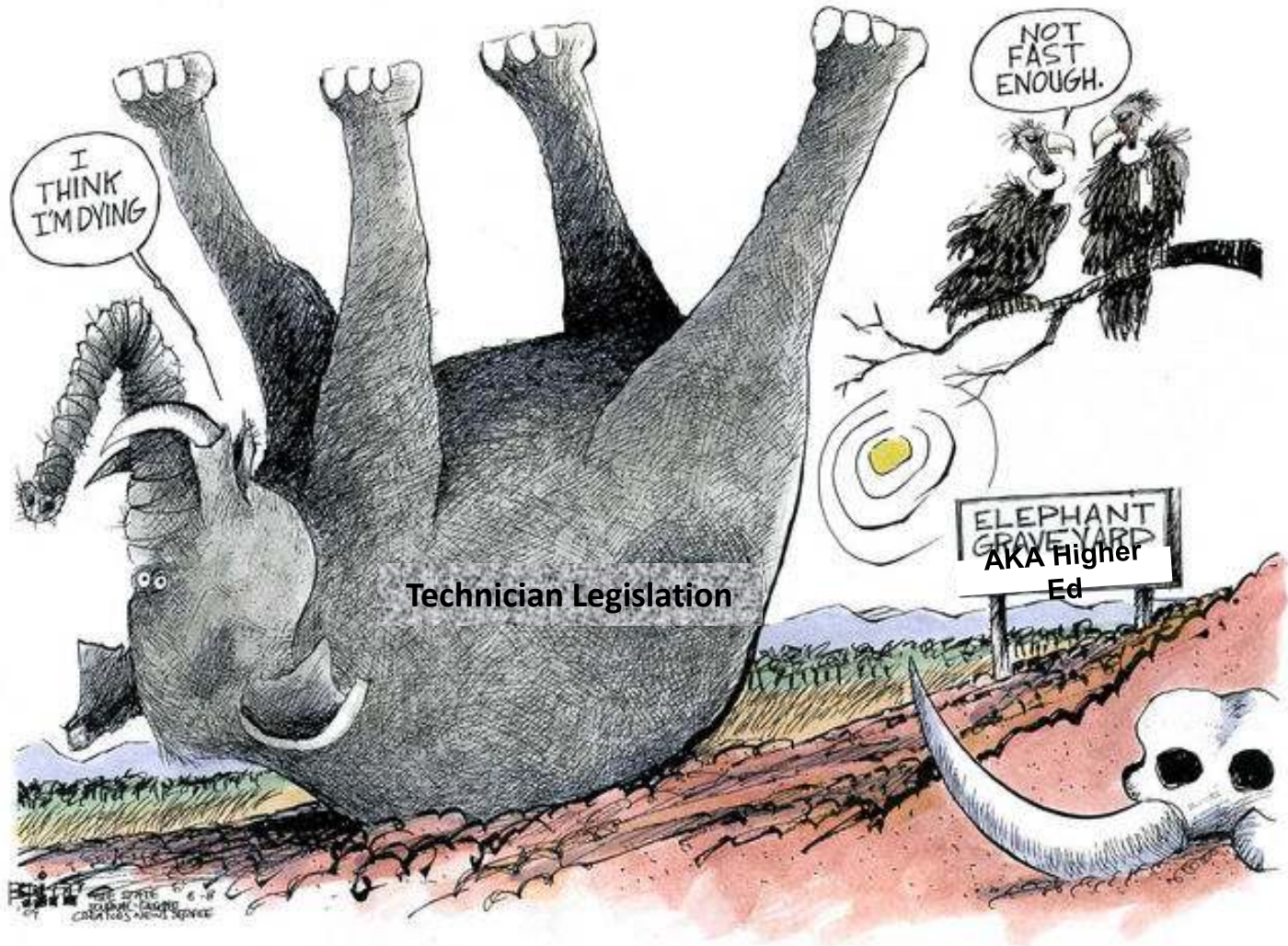


Thanks to your support this petition has a chance at winning! We only need 194 more signatures to reach the next goal - can you help?

Take the next step!

https://www.change.org/p/andrew-m-cuomo-allow-new-york-state-cphTs-to-participate-in-advanced-institutional-activities?recruiter=951231563&utm_source=share_petition&utm_medium=email&utm_campaign=share_email_responsive&utm_term=share_petition&recruited_by_id=f7ac25e0-5ba0-11e9-8a5b-7592fe3a1f5e

Historical Fate of Technician Legislation in NYS



Building a Coalition

- Pharmacy Profession
 - NYSCHP
 - PTCB
- Hospitals
 - HANYS
 - GNYHA
- Labor
 - SEIU 1199

*Having **all** stakeholders strongly supporting technician legislation was powerful. It really helped when nobody was voicing opposition to this proposal. What was being proposed recognition of existing practice in NYS and elsewhere*

Comparison with other States (in region)

- **Connecticut**
 - Preparation...sterile products....including use of telepharmacy/electronic technology
- **Rhode Island**
 - A Pharmacy Technician II may....provide immunizations, perform sterile, non-sterile compounding
- **Massachusetts**
 - Reconstitute a prescription; Bulk compounding
- **Vermont**
 - “compounding”
- **New Jersey**
 - Counting, weighing, measuring, pouring and compounding of prescription medication or stock legend drugs and controlled substances, including the filling of an automated medication system

- **New Hampshire**

- Preparing or compounding sterile and non-sterile compounds

https://www.cga.ct.gov/current/pub/chap_400j.htm

<https://rules.sos.ri.gov/regulations/part/216-40-15-1>

<https://www.mass.gov/service-details/pharmacy-technician-duties>

<https://www.sec.state.vt.us/media/702345/5-RX-Rules-2015-Final-Adopted-August-24-2015.pdf>

<https://www.njconsumeraffairs.gov/regulations/Chapter-39-State-Board-of-Pharmacy.pdf>

http://www.gencourt.state.nh.us/rules/state_agencies/ph100-2000.html

Comparison - Other States (unlicensed)

- **Pennsylvania**
 - “Assist the pharmacist in preparing and reconstituting parenteral products and other medications”
- **Colorado**
 - “The preparation, mixing, assembling, packaging, labeling, or delivery of a drug or device;”
- **Wisconsin**
 - compounding sterile preparations....successful...complet[tion] didactic or practical training
- **Hawaii**
 - Process Rx labels, drug packaging, stocking, delivery, record keeping, pricing, documentation of third party reimbursements, and preparing, labeling, compounding, storing, and providing medication;
- **Delaware**
 - Pharmacist may utilize certified pharmacy technician under the direct supervision of a pharmacist if formulation developed by pharmacist before proceeding with the compounding

<https://www.pacode.com/secure/data/049/chapter27/chap27toc.html>

<https://drive.google.com/file/d/0BzKoVwvexVATR281SIVsdERLa1U/view>

https://docs.legis.wisconsin.gov/code/admin_code/phar/15.pdf

https://cca.hawaii.gov/pvl/files/2013/08/HAR-16-95-C_0816.pdf

<http://regulations.delaware.gov/AdminCode/title24/2500.shtml>

Legislative Process

- Legislation initially included in the budget bill
 - Opposition by key legislators (particularly Higher Ed chair) to include in the budget
 - How does the budget process typically work?
- Support in the Senate for stand alone bill
- Usual opposition in the Assembly – Focus on Higher Education Committee
- Advocacy work by all stakeholders and practitioners
 - Focus on Assembly
 - Key meeting with Chair Glick on May 7, 2019
 - Follow-up meetings with SED to draft legislation – June, 2019
 - Legislation passed by Senate and Assembly (S6517/A8319) – June 20, 2019
 - Governor signs legislation – October 25, 2019
 - 18 months to implement – April 25, 2021

Knowledge Assessment Question #2

Which of the following is **NOT** a requirement for licensure and registration as a pharmacy technician in NYS?

- A. At least 18 years of age
- B. Pharmacy technician board certification
- C. Direct supervision by a licensed pharmacist
- D. A high school equivalent education

Registered Pharmacy Technician

Title VIII, Article 137A §6841(1) – Education Law

A registered pharmacy technician may, under direct, personal supervision* of a licensed pharmacist:

- Compound, prepare, label, or dispense drugs
 - Pursuant to or in anticipation of a patient order
 - Tasks that do not require professional judgment (limited to pharmacists)
- Only applicable to Article 28 facility, or a pharmacy owned and operated by an Article 28 facility.

Facility is responsible to assure that registered technician receives appropriate training and maintains competency in compounding skills.

2:1 Tech:Pharmacist ratio is applicable for compounding activities.

* *Direct personal supervision means supervision of procedures based on instructions given directly by a supervising licensed pharmacist who remains in the immediate area where the procedures are being performed, authorizes the procedures and evaluates the procedures performed by the registered pharmacy technicians.*

Registered Pharmacy Technician and Compounding

Technician Licensure Requirements

- Minimum educational standard
- Board certification (PTCB or NHA)
- Age
- Licensing and registration fees

Hospital Responsibilities

- Training
- Assessment of competence
- On-going training/assessment
- Supervision

Registered Pharmacy Technician

Title VIII, Article 137A §6844 – Education Law

A registered pharmacy technician must meet the following requirements:

- Application – file an application with the department
- Education – must have at least a high school education
- Certification from a nationally accredited technician certification program acceptable to the department
- Age – at time of application must be at least 18 years of age
- Character – must be of good moral character
- Fee – pay the fee determined by the department (\$75 initial license, \$100 for first triennial registration period)

Pharmacy Technician Implementation

- Take inventory of duties/functions (current state)
 - Assess desired future state

JD Element	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5
Inventory Management	3. Maintains adequate stock levels in the Pharmacy 19. Maintains inventory of all needed intravenous supplies 13. Rotates all antibiotic products to maintain the maximum expiration and properly disposes of all expired products.	2. Maintain adequate inventory	2. Maintain adequate inventory	Assists in Stocking duties when stock clerk unavailable	Ensure appropriate inventory on hand at all times and maintains required balances.
Returns		3. Returns reusable medication to stock	3. Returns reusable medication to stock		Returns re-useable medications to stock before the end of the shift.
Stocking of non-ADM	4. Prepares/ checks Urgent Use Stock orders for patient care areas accurately and does not over-stock.	4. Fill unit dose cassette performs statistical count	4. Fill unit dose cassette performs statistical count	Filing and delivering of inpatient medication cassettes to patient units	Restock unit-dose cassettes and performs statistical count of all doses dispensed.
Deliveries, Restocking	2. Retrieves and delivers medication in a timely fashion 21. Delivery of patient IV's to Nursing Units 14. Fills orders for satellites not involved with centralized IV program.	5. Deliveries/rounds	5. Deliveries/rounds	Filing and delivering of inpatient medication cassettes to patient units Assists in floor stock preparation and delivery as needed	Conducts all required deliveries and other patient care area rounds in a timely fashion.
Repackaging		6. Repackage medications	6. Repackage medications	Prepares unit dose prepackaging of medications	Repackages medications as per departmental policy.
Parenteral	10. Reconstitutes antibiotic piggyback bottles with the proper diluents using aseptic technique. 11. Defrosts frozen antibiotic intravenous mini-bags. 12. Prepares antibiotic concentrate and aseptically adds to diluents mini-bags.	7. Prepares parenteral products under direct supervision	7. Prepares parenteral products under direct supervision	Assisting in the sterile and non-sterile intravenous and extemporaneous	Prepares parenteral and extemporaneous batch products under the direct supervision of a pharmacist.

Registered Pharmacy Technician Implementation

- Take inventory of duties/functions (current state)
 - Assess desired future state
- Decide whether one or multiple job descriptions
 - Assess current workflow and workforce certification
 - Bargaining unit, if applicable, can be helpful
- Interface with HR/Labor/Union/DOP's and set clear expectations
 - Communication key to success

Align Titles with Job Descriptions

Title	JOB_CODE
Certified Pharmacy Technician	MU74
Pharmacy Technician	NT07
Per Diem Pharmacy Technician	PH87_BI_W
Per Diem Pharmacy Technician	PH87_W
Per Diem Pharmacy Technician	PH88_W
Per Diem Pharmacy Intern	PM02_W
PER DIEM PHARMACY TECHNICIAN	QH93
PER DIEM CERTIFIED PHARMACY TECHNICIAN	QH94
CERTIFIED PHARMACY TECH	QU17
Pharmacy Technician	QW82
Pharmacy Technician	TU43_BI_W
Pharmacy Technician	TU43_W
Pharmacy Technician	TV45_W
Pharmacy Technician	TV47_W
Pharmacy Technician	TW06_W
Pharmacy Technician/Buyer	ZF82

Pharmacy Technician Implementation

- Take inventory of duties/functions (current state)
 - Assess desired future state
- Decide whether one or multiple job descriptions
 - Assess current workflow and workforce certification
 - Bargaining unit, if applicable, can be helpful
- Interface with HR/Labor/Union/DOP's and set clear expectations
 - Communication key to success
- Effective 4/25/2021, certain duties no longer allowed
 - *"They were never allowed to begin with"*
- If employ both registered/certified and unlicensed
 - Need clear distribution of duties, training, and strong oversight

NYSCHP Position on Certified Technicians

- *“The New York State Council of Health-system Pharmacists supports Directors of Pharmacy, as hiring managers establish a condition of employment for pharmacy technicians at their institution. Such a condition of employment would include the recruitment and hiring of technicians who are certified by ASHP/PTCB.”*

Adequate Training and Assessment of Competence

How do you meet this standard?

- Recommend the following:
 - Detailed Policies and SOPs in existence
 - Documentation that all registered technicians have been trained on policy and SOPs – Training checklist
 - Formal assessment and documentation of competencies for SOPs – direct observation and assessment
 - USP-mandated finger tip and media fill testing completed and documented
 - At least annual re-assessment of competency
 - Large institutions – consider having a trainer position with responsibility of maintaining all records and assuring training and competencies are completed
- Some very good software available – e.g. Critical Point
- “See one, do one, teach one” is not going to cut it.

Technician Training & Competency Assessment Tool

Summary of Employee Approval Levels

Basic Skills Training Part 1	Date _____	Initials _____
Basic Skills Training Part 2	Date _____	Initials _____
Advanced Skills Training IVA	Date _____	Initials _____
Advanced Skills Training TPN	Date _____	Initials _____

Functional Area to be assessed: Sterile Products

Criteria developed and maintained by: Susan Hughes/Celeste Sippel
 Last Update: 03/05/2020

Technician Name: _____ Date of Hire: _____
 Instructor's Name: _____ RPh Reviewer: _____

Required for Training Level #	Criteria	Methods	Date Completed	Trainer's Initials	Instructor's Initials (completed)	RPh Review
Basic I	Understands concept and importance of non- positive error reporting, priority of patient safety and how to proceed upon discovery of potential patient harm or medication error	V				
Basic I	Vocabulary <ul style="list-style-type: none"> • Abbreviations <ul style="list-style-type: none"> ○ CSPs – Compounded Sterile Products ○ HEPA Filter – High Efficiency Particulate Air ○ BUD – Beyond Use Date ○ IPA – Isopropyl Alcohol ○ QA/QC – Quality Assurance / Quality Control ○ PF – Preservative Free ○ SWFI – Sterile Water for Injection ○ NS – Normal Saline ○ D5 – Dextrose 5% ○ D10 – Dextrose 10% ○ OHR – Compounding and Repackaging ○ BSC – Biological Safety Cabinet • Definitions <ul style="list-style-type: none"> ○ Cleanroom ○ ISO Class ○ Gowning Area ○ Ante Area/Room ○ Buffer Area/Room ○ Critical Site ○ Front Air ○ Hazardous Drugs ○ Negative Pressure Room ○ Positive Pressure Room ○ Primary Engineering Control (PEC) ○ LAFW – Laminar Airflow Workbench (hood) ○ BSC – Biosafety Cabinet ○ Secondary Engineering Control ○ Media Fill Test ○ Single Dose Vials 	V				

Required for Training Level #	Criteria	Methods	Date Completed	Trainer's Initials	Instructor's Initials (completed)	RPh Review
Basic I	Orientation to materials, equipment, and supplies in Ante Room / Buffer Room	V, O				
Basic I	Proper Aseptic Procedures: <ul style="list-style-type: none"> • Understand Infection control procedure <ul style="list-style-type: none"> ○ No artificial nails ○ No cell phones or electronic devices ○ Proper sterile IV attire must be worn ○ Discard potentially contaminated prep "when in doubt, throw it out" ○ Abide by all current USP regulatory agency requirements (e.g. USP <797> or <800>, NYSOP, FDA, etc.) • Understand Personal Safety Precautions <ul style="list-style-type: none"> ○ Goggles with contact lenses ○ Location of first aid supplies and eyewash station (how to use them) ○ Steps to reporting an injury ○ Familiar with hazardous drug spill kits • Understand Environmental Control and Maintenance <ul style="list-style-type: none"> ○ Minimize cardboard/packing cartons in IV Room due to mold and spores ○ Proper attire for the Ante/Buffer areas ○ Proper handwashing ○ Proper garting ○ Hood cleaning procedure ○ Frequent re-sterilizing of gloves and surfaces with sterile 70% IPA 	V, O				
Basic I	Readings/Videos/Study Packets: <ul style="list-style-type: none"> • Per current rubric/SMH technician training program (see/for completion with Tech Training Coordinator) • Registered and familiar with Critical Point • Complete the following (Critical Point): <ul style="list-style-type: none"> ○ Personnel Sampling Metrics-Hand Hygiene, Garting, Fingert Sampling ○ Personnel Sampling Metrics/Aseptic Media Fill/Comp Assessment ○ Aseptic Technique/Work Practices/Overview of Quality&Resp of Comp. Personnel ○ Aseptic Technique/Work Practices/Proper Material Handling ○ Aseptic Technique/Work Practices/Aseptic Technique and Conduct in Controlled Environments ○ Sanitization of Pharmacy Controlled Environments/Overview of Cleaning and Disinfection in Controlled Environments ○ Sanitization of Pharmacy Controlled Environments/SECs, SCAs ○ Sanitization of Pharmacy Controlled Environments/PECs ○ Aseptic Technique/Work Related Practices/Use of Syr. Needles, Vials, etc. 	R, O, WT				

This document is 12 pages in total

It defines all aspects of training, policy to be reviewed and documentation of completion

Critical Point software used for documentation and on-going assessment

Knowledge Assessment Question #3

What is the single largest impact of the new technician legislation in NYS?

- A. Technicians can continue to participate in compounding
- B. Increased technician:pharmacist ratio for other activities
- C. Legal recognition of pharmacy technicians
- D. That cool certificate you can frame and hang!

“The Future is Now”

- PTCB Certifications
 - Certified Pharmacy Technician (CPhT)
 - Certified Compounded Sterile Preparation Technician (CSPT)
 - Advanced Certified Pharmacy Technician (CPhT-Adv)
 - Billing and Reimbursement Certificate
 - Controlled Substances Diversion Prevention Certificate
 - Hazardous Drug Management Certificate
 - Immunization Administration Certificate
 - Medication History Certificate
 - Technician Product Verification Certificate
- Immunization Authority
- Tech Check Tech

Pharmacy Technician Immunization

- Several states allowed (Idaho, Rhode Island, Utah) as of June 2020

<https://tinyurl.com/htvzkpx4>

[https://www.governor.ny.gov/news/no-20290-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency.](https://www.governor.ny.gov/news/no-20290-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency)

<https://www.hhs.gov/sites/default/files/prep-act-guidance.pdf>



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PHARMACY AND PHARMACEUTICAL SCIENCES



PHARMACY TECHNICIAN IMMUNIZATION TRAINING

Pharmacy Technician Immunization

- Several states allowed (Idaho, Rhode Island, Utah) as of June 2020
- HHS issued guidance 10/20/2020 under PREP Act
 - Allowing all “Qualified Pharmacy Technicians” to administer COVID-19 vaccine
- Governor Cuomo signed EO 202.90 1/12/2021
 - Temporary licensure of technicians to administer COVID-19 vaccine
 - Under direct personal supervision by a pharmacist
- To vaccinate, pharmacy technician must:
 - Be certified (PTCB or NHA)
 - Complete immunization training approved by the ACPE (include APhA program)
 - Hold CPR certificate
 - Complete NYSDOH Training for Vaccinators
 - Complete 2 hours of ACPE approved CE on immunization within six months

<https://tinyurl.com/htvzkpx4>

[https://www.governor.ny.gov/news/no-20290-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency.](https://www.governor.ny.gov/news/no-20290-continuing-temporary-suspension-and-modification-laws-relating-disaster-emergency)

<https://www.hhs.gov/sites/default/files/prep-act-guidance.pdf>

Tech Check Tech

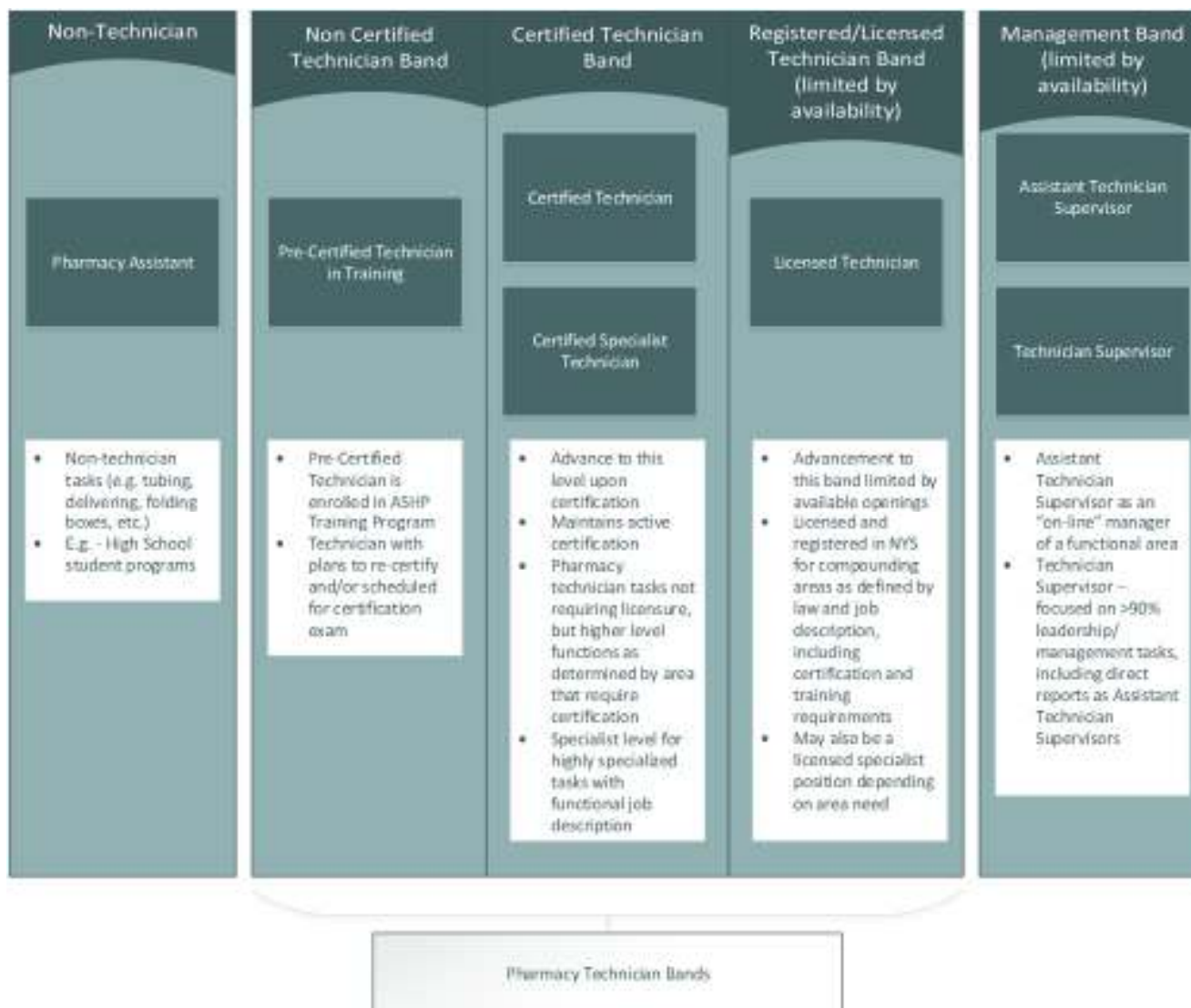
Nebraska Governor Signs Tech-Check-Tech Legislation

On March 12, Governor Pete Ricketts (R) approved Nebraska [Legislative Bill 74](#). The bill allows certified pharmacy technicians to engage in tech-check-tech programs within a hospital setting.

Nebraska is the 13th state to approve tech-check-tech for pharmacy technicians. The new law will go into effect on September 6, 2019.

Legal Recognition of Pharmacy Technicians

- The door is open for the first time....pharmacy technicians legally exist in NYS as of April 25, 2021!
- Greater opportunity to promote pharmacy technician careers
- Board certification will indirectly drive minimum education and training standards
- Opportunity to create differentiation in career development of pharmacy technicians
- Is sure to lead to continued growth of the roles of the registered pharmacy technician
- Ultimately will translate into greater compensation



Summary

- Pharmacy technicians finally have legal standing in NYS
- This is only the start of a long road to modernization of the regulatory framework of pharmacy practice in NYS
- Recognition is going to lead to greater career opportunities for the technician workforce
- Recognition, licensure, and career paths are going to lead to greater compensation.
- Much work remains to be done to advance both technician roles and the practice of pharmacy in NYS