



7272 Wisconsin Avenue
Bethesda, Maryland 20814
301-657-3000
Fax: 301-664-8877
www.ashp.org

October 26, 2011

Mark Johnston, R. Ph.
Executive Director
Idaho State Board of Pharmacy
PO Box 83720
Boise, ID 83720-0067

Re: Docket No. 27-0101-1101 (Chapter Repeal); 27-0101-1102 (Rewrite – Fee Rule)

Dear Mr. Johnston:

The American Society of Health-System Pharmacists (ASHP) is pleased to submit comments pertaining to the Rules of the Idaho State Board of Pharmacy, IDAPA 27, Title 01, Chapter 01 (Rules). For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's 35,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings, as well as pharmacy students. Pharmacists in hospitals and health systems are experts in medication use who serve on interdisciplinary patient-care teams. They work with physicians, nurses, and other health-care professionals to ensure that medicines are used safely and effectively.

The current revision of the Rules is a promising opportunity to ensure the proper regulation of pharmacy technicians. Additionally, the revision will enable Idaho pharmacists to work more closely with patients and ensure safe medication use. However, ASHP asks the Board to consider strengthening the proposed regulations to ensure that technicians are well-prepared to work closely to assist pharmacists in the state.

Expanding Responsibilities Necessitate Technician Regulation

The expanding and increasingly complex roles of both the pharmacist and the pharmacy technician are inextricably linked. The pharmacist's evolution from traditional drug distribution activities to medication therapy management, clinical activities, and direct patient care as a member of the interdisciplinary healthcare team is dependent upon the technician possessing the competencies and training to master both medication distribution functions and emerging, higher-level functions – such as the verification of the work of other technicians. Idaho has

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embraced the changing role of technicians through the current “Technician-Checking-Technician Pilot Program” (IDAPA 27.01.01.270) and the proposed “Verification Technician Program” (IDAPA 27.01.01.410), which allow qualified technicians – in acute care hospitals only – to verify the work of other technicians. The patient-safety implications of these emerging, complex verification responsibilities make the robust training and regulation of technicians even more necessary. A recent article in the American Journal of Health-System Pharmacy (AJHP) discusses the expanding role of technicians: “It seems reasonable to anticipate that health-system pharmacy technicians will, in the future, work rather autonomously in drug distribution within well-documented policies and procedures, similar to the approach used in military settings and in many European countries.”¹

ASHP Position on the Optimal Use of Technicians

A properly trained and regulated technician workforce optimizes patient safety. Current ASHP policy² advocates for a three-step process for pharmacy technician regulation: (1) completion of ASHP-accredited education and training, (2) certification by the Pharmacy Technician Certification Board (PTCB), and (3) registration with the state board of pharmacy. Moreover, the Council on Credentialing in Pharmacy (CCP),³ which is comprised of thirteen pharmacy associations, supports education, training, and certification as core components of technician regulation in their 2009 “Pharmacy Technician Credentialing Framework.” An element of that framework states:

State boards of pharmacy will regulate pharmacy technicians and require them to complete a nationally accredited education and training program and pass a competency-based examination that is psychometrically sound, nationally accredited, and based on the task analysis.⁴

¹ Charles E. Myers, “Opportunities and challenges related to pharmacy technicians in supporting optimal pharmacy practice models in health systems,” Am J Health-Syst Pharm—Vol 68 Jun 15, 2011, page 1132.

² “Uniform State Laws and Regulations Regarding Pharmacy Technicians” (Policy 0815) is attached to this memo and is on the ASHP web site:
<http://www.ashp.org/DocLibrary/BestPractices/policypositions2011.aspx> (accessed October 19, 2011).

³ CCP members include the American Association of Colleges of Pharmacy, the American College of Apothecaries, the American College of Clinical Pharmacy, the Accreditation Council for Pharmacy Education, the Academy of Managed Care Pharmacy, the American Pharmacists Association, the American Society of Consultant Pharmacists, the American Society of Health-System Pharmacists, the Board of Pharmaceutical Specialties, the Commission for Certification in Geriatric Pharmacy, the Institute for the Certification of Pharmacy Technicians, the Pharmacy Technician Certification Board, and the Pharmacy Technician Educators Council.

⁴ CCP “Pharmacy Technician Credentialing Framework,” p. 2. The document is from the CCP web site:
http://www.pharmacycredentialing.org/ccp/Files/CCP%20technician%20framework_08-09.pdf
(accessed October 19, 2011).

ASHP-Accredited Training Required in State Board Rules

As the Board finalizes the Rules and considers language on ASHP-accredited education and training, the Nevada Board of Pharmacy regulations may be helpful. The Nevada Administrative Code (NAC) specifies that, for those who choose to fulfill technician training requirements through a postsecondary school training program, the only educational programs the Board will approve are ASHP-accredited programs (NAC 639.256 Section 1.(a)).

NAC 639.256 Program of training: Approval by Board . . .

1. A program of training for pharmaceutical technicians must be approved by the Board before it is provided in this State. A request for approval must be filed with the Board. The Board will approve a program only if the program:
 - (a) Is accredited by the American Society of Health-System Pharmacists . . .

Current Absence of Accredited Programs Not a Barrier to Board Requirement

State boards are sometimes reluctant to require ASHP-accredited training in their regulations due to an absence of ASHP-accredited technician training programs in the state. However, the experience in Nevada demonstrates that technician training programs became accredited after it was required by regulation, but before its effective date. The Nevada Board adopted a rule that the only approved technician training programs would be ASHP-accredited programs, and the number of ASHP-accredited technician training programs increased from zero to six.⁵

The Society appreciates the opportunity to comment on the proposed rule revision. Please contact me if you have any questions or wish to discuss our comments further. I can be reached by telephone at 301-664-8687, or by e-mail at knoonan@ashp.org.

Sincerely,



Karen A. Noonan
Director of State Affairs and Grassroots Advocacy

cc: Susan M. Heineman, President, Idaho Society of Health-System Pharmacists

⁵ Nevada proposed this rule regarding NAC 639.256 on October 9, 2007 and adopted it on January 30, 2008. The ASHP-accreditation requirement became effective on January 30, 2010. Prior to August 2007, ASHP had received no accreditation applications from the state of Nevada. Between August 2007 and October 2008, ASHP received six accreditation applications from Nevada technician training programs – all of which were approved.